

CHILD CARE EMPLOYMENT QUESTIONNAIRE

Name: _____ Social Security #: _____ (optional)
Phone #: _____

SECTION I – EMPLOYER INFORMATION

Please provide the following information regarding your employer:

Employers Name: _____
Address: _____
Phone: _____
Contact Person: _____

SECTION II – EMPLOYMENT INFORMATION

Please provide the following information regarding your employment:

How many hours are you scheduled to work each week? _____
How many hours per day? _____
How many days per week? _____
What shift are you scheduled to work (i.e. 9:00 a.m.- 5:00 p.m.?) _____
What is your rate of pay per hour? _____
Do you receive tips? _____ Amount: \$ _____ per _____
Does your employer offer you overtime opportunities? _____
If so, please explain: _____

Approximate travel time to work _____

SECTION III – CHILD CARE INFORMATION

Please provide the following information regarding your child care provider:

Name: _____
Address: _____
Phone: _____
Weekly child care costs: _____

On days when your child/children are not in school, please indicate their times in care: (i.e. 9:00 a.m. – 5:00 p.m.)

On days when your child/children are in school, please indicate their times in care:
(i.e. 7:30 a.m. – 8:30 a.m./3:30 p.m. – 5:00 p.m.) Include part-time childcare costs

The above information is true and accurate. I understand that I must notify my child care subsidy worker of any changes in employment immediately in writing.

Signature: _____ Date: _____