



YMCA OF NORTHERN COLORADO
FINANCIAL ASSISTANCE APPLICATION
 Employment Verification Form

EMPLOYMENT VERIFICATION FORM FOR PRESCHOOL, SCHOOL AGE AND SUMMER CAMP APPLICANTS

Employee: Complete top section and give this form to your current supervisor or personnel director to complete.

By providing my signature below, I give my employer permission to provide the YMCA of Northern Colorado with information regarding my salary/wages, hours and days of employment, and hire/termination dates and conditions. I give my employer permission to contact the YMCA of Northern Colorado concerning any changes in my employment or wage/salary. The YMCA may contact my employer at any time to confirm my employment, confirm hours and days of employment and confirm wage/salary information.

Employee Name _____ Employee Signature _____ Date _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

Employer: Please provide the requested information in reference to above employee. Form is to be completed and signed by a supervisor or personnel director only.

Employee's Name _____ Job Title _____

Company Name _____ Department _____ Phone _____

Company Address _____ City _____ Zip _____

Employment Hours and Income Verification

Date of Hire _____ Full-Time Part-Time Temporary/Seasonal: Expected End Date _____

Scheduled Work Hours (please list specific time per day):

M ____ to ____ **T** ____ to ____ **W** ____ to ____ **TH** ____ to ____ **F** ____ to ____ **S** ____ to ____ **SU** ____ to ____

Gross Salary/Wage Before Deductions: \$ _____ per hour \$ _____ per month

Employee Receives Overtime Pay: Yes No If yes, frequency and rate _____

Employee Receives Commission Pay: Yes No If yes, frequency and average pay amount per period _____

Pay Frequency: Daily Weekly Bi-Weekly Monthly Other _____

Comments:

Supervisor/Personnel Director Name _____ Signature _____ Date _____

Title _____ Work Phone _____ Email _____