



montana early childhood project

Employment Verification Form

Complete this form to verify employment for the Practitioner Registry. This is the required employment verification form that must be submitted to verify any new early childhood employment. Please contact The Early Childhood Project if you have any questions use the support button to submit a ticket. You must complete the online employment portion of the Registry application and upload this form there.

Employer Certification:

I certify that _____ is currently working as a

- Director Program Administrator Early Childhood Teacher
 Early Childhood Assistant Teacher Registered Family Child Care Home
 Registered Group Child Care
 Other _____

This individual is employed _____ hours per week for _____ months per year, and began working _____ (mm/dd/yy).

Hourly wage: \$ _____ /hr. Date of last wage increase: _____ (mm/yy).

This person works with the following age range:

- Infants (0-12 Months) Toddlers (13-36 Months) Preschoolers (37 months-PreK)
 Elementary (K-5th Grade) Middle (6th - 8th) Secondary (High School) Adults

Signature of Employer: _____

Name of Program: _____

PV # (facility license number, if applicable): _____

Note: Wage information is requested to track and report data to advocate for increased compensation for the early childhood workforce. This data will only be reported in the aggregate (no personal or program information will be connected to the wage info provided).

I certify all information given is true and correct. If you are self-employed we understand that you will need to sign for yourself.

Applicant Signature: _____ Date: _____

