



montana early childhood project

Employment Verification Form

Complete this form (required) to verify employment for the Practitioner Registry. You must complete the online employment portion of the Registry application and upload this form there.

This form MUST be filled out by the INDIVIDUAL who is applying for the Practitioner Registry and signed by the employer to verify the information.

Employer Certification:

I certify that I (your full name) _____ am currently working as a

- Director/Owner
- Program Administrator
- Early Childhood Teacher
- Early Childhood Assistant Teacher
- Other _____

This program is a:

- Child Care Center
- Head Start/Early Head Start
- Public School
- Registered Group Child Care
- Registered Family Child Care Home
- 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

You **must** sign the **Signature of Employer & Applicant Signature** if you are the owner/director.

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: _____

