

# CENTER FOR CHILD CARE CAREER DEVELOPMENT

## EMPLOYMENT VERIFICATION FORM

This form is used to verify eligibility for the following South Carolina Credentials: Early Childhood, School Age, Infant/Toddler, and Director. If you work in child care, **Employer Information** must be completed and signed by your director to qualify for a bonus (if applicable).

**GRADE REPORT CONTAINING YOUR NAME AND COLLEGE MUST BE ATTACHED**

### STUDENT INFORMATION

(This information pertains to you, the student)

#### Which Credential are you requesting?

- Early Childhood** (ECD 101 grade is required)     **School Age** (SAC 101 grade is required)
- Director** (ECD 101, ECD 108, ECD 109, and ECD 201 grades are required)
- Infant/Toddler** (ECD 101, ECD 102, ECD 200, ECD 205, ECD 207, and ECD 251 grades are required)

Name: \_\_\_\_\_  
Last First Middle Initial

Home Address: \_\_\_\_\_  
Street Address or Post Office Box Apt. No.

City State Zip

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SS No.: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
Month Day Year

### EMPLOYER INFORMATION

(For students who work in Child Care. **If you do not work in Child Care, skip to Signature of Student.**)

Facility Name: \_\_\_\_\_

Facility Phone: (\_\_\_\_) \_\_\_\_\_ Director's Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_  
Street Address or Post Office Box

City/State/Zip License or Registration Number: \_\_\_\_\_

Current Salary: \_\_\_\_\_ per hour No. of Hours Worked: \_\_\_\_\_ per week

### SIGNATURES

I hereby acknowledge that the supplied information is accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Director Date

\_\_\_\_\_  
Signature of Student Date

**Return form with a copy of grade report to:**

Center for Child Care Career Development ♦ P.O. Box 5616 ♦ Greenville, SC 29606-5616  
Phone (864) 250-8581 ♦ Toll-Free 1 (866) 845-1555 ♦ Fax (864) 250-8680 ♦ Website: www.sc-cccd.net

Revised 2/10