



Employment Verification for Strong Start Program
(To be completed by the Employer)

Employee Name:_____

Employee Job Title:_____

Employer Facility Name:_____

Facility Owner/Manager Name:_____

Facility K8# : **K8**_____

Facility Subsidy Contract # : _____

By signing this form, I certify that this Employee is currently employed at the Facility listed above.

Owner/Manager Name (Print/Type) _____

Signature of Owner/Manager_____ **Date**_____