OKLAHOMA PARTNERSHIP FOR SCHOOL READINESS

Employment Verification for Strong Start Program

(*To be completed by the EMPLOYER*)

Employee Name:_____

Employee Job Title:_____

Employee Hire Date:_____

Employer Facility Name:_____

Facility Owner/Manager Name:_____**Phone:**_____

Facility K8#_____ **Facility OKDHS Subsidy Contract # :** _____

This should be your general OKDHS contract number, which matches the information found on the Child Care Locator page (https://childcarefind.okdhs.org).

Is the employee listed as an active employee in the licensing database system OR has a criminal history review request to the Office of Background Investigations (OBI) been submitted?
Yes _____ **No**_____

Does this employee work here 20 hours per week or more (averaged monthly)? Yes _____ **No**_____

Owner/Manager Name (Print/Type) _____ _____

Signature of Owner/Manager_____**Date**_____

I certify to the best of my knowledge and belief that this form is true, complete, and accurate. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729–3730 and 3801–3812).