



CARES:

Comprehensive Approaches to Raising Educational Standards

El Dorado County Early Care and Education Planning Council

Provider Employment Declaration

If self employed, please fill out application as the employer.

Employee Name: _____

Job Title: _____

Employer: _____ Site: _____

Total number of Hours per Week: _____ Hourly Wage: _____

Please check the statements that apply to your employment situation:

_____ I have changed employment since the January 2008 CARES meeting.
Last day worked at previous position: _____ Date started at new position: _____

_____ I have continuous employment in the Child Care field within El Dorado County

_____ Length of time at current position

_____ Length of time in the field in El Dorado County

_____ I am working with children age 0-5 years old

_____ I am working in a state subsidized center-based program

_____ I care for children identified as having special needs (IEP/IFSP)

_____ I use a language other than English

_____ I serve children receiving child care and development subsidies.

I certify the proceeding information is true and correct.

Signature of Employer

Date

Printed Name

Job Title

Phone Number

Best Time to Call