



**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 September 2007 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