VERIFICATION OF EMPLOYMENT

I, the undersigned applicant of the CCDF program, hereby authorize the request for employment information.

_____ _____

Signature Date

The above named individual has applied to the CCDF program, administered by River Valley Resources. In order to determine eligibility, verification of employment start date, rate of pay, and hours worked each week is needed.

Employment Start Date: _____ End Date: _____

Rate of Pay: _____ First Pay Date: _____

Hours per Week: _____ Shift: _____

Days: M T W TH F Sat S Paid: Weekly, Bi-Weekly, Monthly: _____

Information Provided by: _____

Name & Title

_____

Company Name

_____

EIN # (required)

_____

Address

_____ _____

City/State/Zip Telephone

Please provide requested information. Return to employee, mail, or fax to:

River Valley Resources 800 E 8th Street New Albany, IN 47150 812-949-5283