



## Service Industry Recovery (SIR) Child Care Services Employment Verification

Employee Name: \_\_\_\_\_

NOTE TO EMPLOYER: This is your authorization to release the information concerning my employment as required below. Please complete this form as soon as possible as it is required before I, or a member of my family, can be determined eligible for the program.

Your cooperation and prompt return of this information is appreciated. For questions, or to complete by phone, please contact Dennise Hidalgo at 956-794-1500 or email to [ccs@southtexasworkforce.org](mailto:ccs@southtexasworkforce.org)

Thank you,

\_\_\_\_\_  
Signature of Employee

Date: \_\_\_\_\_

### TO BE COMPLETED BY THE EMPLOYER

Employer's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employed From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Position: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Type of Business: \_\_\_\_\_

\_\_\_\_\_  
Name and Title of Employer Representative (PLEASE PRINT)

\_\_\_\_\_  
Signature of Employer Representative

\_\_\_\_\_  
Date