

# SOLANO FAMILY & CHILDREN'S SERVICES

421 Executive Court North - Fairfield, CA 94534-4019 - (707) 863-3950/642-5148 - Fax: (707) 863-3975

## SELF DECLARATION OF EMPLOYMENT

For Office Use Only  
Provider Form  
Staff Initials:

I, \_\_\_\_\_ living at \_\_\_\_\_  
Name (PRINT) Address  
City of \_\_\_\_\_ State of \_\_\_\_\_ declare on \_\_\_\_\_ that I am employed by:  
Date  
( )  
Employer's Name Employer's Phone Number  
Employer's Address City State Zip

My job title is: \_\_\_\_\_ My date of hire: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last date I received a pay increase: \_\_\_\_\_

Check The One  
That Applies To You

- I work a variable schedule. The number of hours per week ranges from:  
\_\_\_\_\_ hours to \_\_\_\_\_ hours.  
minimum per week maximum per week
- I work a set schedule (complete the section below and circle am. or pm).

Monday	from _____ a.m./p.m.	to _____ a.m./p.m.
Tuesday	from _____ a.m./p.m.	to _____ a.m./p.m.
Wednesday	from _____ a.m./p.m.	to _____ a.m./p.m.
Thursday	from _____ a.m./p.m.	to _____ a.m./p.m.
Friday	from _____ a.m./p.m.	to _____ a.m./p.m.
Saturday	from _____ a.m./p.m.	to _____ a.m./p.m.
Sunday	from _____ a.m./p.m.	to _____ a.m./p.m.

Name of Supervisor \_\_\_\_\_

*I certify under penalty of perjury and the laws of the State of California that the information recorded above is true and correct to the best of my knowledge. I understand that all information on this form is held in confidence and is only available to Solano Family & Children's Services staff, California Department of Education officials, audit personnel and Solano County Health and Social Services Department.*

*I understand that I may be required to submit additional documentation to verify employment.*

\_\_\_\_\_  
Name (PRINT)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date