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FSS Initials

SELF-DECLARATION OF EMPLOYMENT

I, _____, living at _____
Name (print) Street Address
city of _____ state of _____ declare that I am employed.

Section 1: Employment Information

Employer's Name _____ ()
Employer's Phone Number
Employer's Address _____ City _____ State _____ Zip Code _____
Job Title and Description of Work Performed: _____
(Description of Work Performed continued) Date of Hire

I am paid the following amount (before deductions):

\$ _____ /hour \$ _____ /day \$ _____ /week \$ _____ /month

Payday is (check one) Weekly Every Two Weeks Twice a Month Monthly

Section 2: Work Schedule (Check One)

I work a Variable Schedule:

The number of hours per week ranges from: _____ hours to _____ hours.
minimum hours per week maximum hours per week

I can work between the hours of: _____ am/pm and _____ am/pm
earliest start time latest end time

The number of work days per week ranges from: _____ days to _____ days.
minimum per week maximum per week

I work a Set Schedule:

Sunday from _____ a.m./p.m. to _____ a.m./p.m.
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.

Section 3: Parent Certification (Check One)

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 I may be required to submit additional documentation to verify employment.

I certify under penalty of perjury and the laws of the State of California that a request for employer documentation from my employer would adversely affect my employment. I certify that the information recorded above is true and correct to the best of my knowledge. I understand that I may be required to submit additional documentation to verify employment.

Name (print) Signature Date

For Office Use Only: Employer Contact

Use only when the first certification box is checked: FSS Initials _____ 1st Attempt: _____ 2nd Attempt: _____

Solano Family & Children's Services promotes and advocates for the well-being of children, their families, and child care providers, by offering access to a wide variety of child care resources.