Brightpoint [www.mybrightpoint.org](http://www.mybrightpoint.org)

PO Box 10570 Phone: (260)423-3546

Fort Wayne, IN 46853 Fax: 260-420-8067

 **New Hire Verification Form**

**Applicant Section – for applicant (parent) to complete**

I hereby authorize and request that you give Brightpoint information as specified below. This information is necessary to establish my eligibility for childcare assistance. This is without any liability to you whatsoever. You may retain a copy of this authorization for your records.

Applicant Signature **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**SS#\_\_XXX-XX-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER SECTION ONLY ***The rest of this form is to be completed by the*** EMPLOYER ONLY

**□ Returning from Leave**

Date leave began \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date leave ended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for leave\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**□ New Employment**

Date of hire \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated number of hours to be worked weekly \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of days worked weekly\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Does this include weekends? **□** Yes **□** No

Shift \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(If shift varies specify earliest start time, latest end time, and write varies)

Place of employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Business Name Address City, State, Zip Code

Business phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\***Business EIN or tax ID number**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature

**\**Form will not be accepted if EIN is not stated or your business card is not attached.***

***Form may not be accepted if not entirely complete.***

***Thank you!***