

# Childcare Employee Hiring Bonus Application

Turn in this application by emailing the completed application to [jade@aedc1.org](mailto:jade@aedc1.org) or mailing/dropping off at the AEDC office 707 K St, Eureka, CA 95501 Attention: Jade Hoff. If you have any questions about this application or the program, you can reach Jade at 707-273-6907.

## SECTION 1: APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Mailing Address (if different from Residential): \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Method of Communication: Email  Phone  Text

### APPLICANT RACE

*Select all that apply*

- American Indian/Alaska Native
- Asian
- Black/African America
- White
- Decline to State

### APPLICANT ETHNICITY

- Latino
- Not Latino
- Decline to State

### APPLICANT GENDER IDENTITY

- Female
- Male
- Non-binary
- Decline to State

### APPLICANT INCOME LEVEL

- Under \$20,000
- \$20,001-\$34,999
- \$35,000-\$49,999
- Above \$50,000

### APPLICANT FAMILY SIZE

- One
- Two
- Three
- Four
- Five
- Six
- Seven
- Eight
- More than Eight

### APPLICANT MILITARY OR VETERAN STATUS

- Active Duty
- Veteran
- Service-Disabled Veteran
- No military background

Are you interested in providing a testimonial about your experience with the Child Care Stabilization Fund program? These statements help us tell the story of the impact of these programs and may help us in securing future funding.

- Yes
- No

How did you find out about this program?

\_\_\_\_\_

**SECTION 2: ELIGIBILITY**

Did you begin your current position on or after January 1, 2023? Yes  No

Have you been employed by this employer for at least 90 days? Yes  No

**CURRENT CHILDCARE EMPLOYMENT**

Child Care Facility Name: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

Avg. Weekly Child Care Hours: \_\_\_\_\_ Avg. Weekly Admin Hours: \_\_\_\_\_

I certify that all information I have provided in this application is true and accurate to the best of my knowledge.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 3: EMPLOYMENT ATTESTATION**

Please have the site supervisor fill out and sign this section.

Child Care Facility Name: \_\_\_\_\_

Facility License Number: \_\_\_\_\_

Site Supervisor Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is this employee funded by CSPP? Yes  No

I certify that this employee was hired on or after January 1, 2023 and has remained employed for a minimum of 90 days. Additionally, I certify that the information provided by the employee is correct and I agree verify the information as needed.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_