

Self-Employment Verification Form

Parent/Guardian Name: _____
 Business Name: _____ Business Address: _____
 Business Phone # _____

Please check the appropriate boxes below. Submit requested documentation with this completed form.

		YES	NO
1.	Do you have a business license to conduct business in Stanislaus County or a neighboring county? (If so, please attach)		
2.	Do you have a professional license? (If so, please attach)		
3.	Is your office or place of work also your residence or located at your residence?		
4.	Is your office or place of work a rented property?		
5.	Do you have regular business hours? (If so, please attach)		
6.	Do you work for others on a contract basis?		
7.	Do you have advertising materials? (If so, please attach)		

Please check the appropriate box below and describe the primary nature of your self-employment:

- ☐ Sales (real estate, retail business, etc.)
- ☐ Landscape / Gardening (landscaping, landscape design, etc.)
- ☐ Domestic (house-cleaning business, etc.)
- ☐ Trucking (owns truck/trucking business, works for a company as an independent contractor, etc.)
- ☐ Other (Please describe.) _____

Please select the box that best describes the basis for your income and tell how much you typically earn for that item and how many of those items you would be paid for in a month.

(Example: ☒ Per haul \$75 per haul, 22 hauls per month)

- | | |
|---|--|
| <input type="checkbox"/> Commission _____ | <input type="checkbox"/> Per job _____ |
| <input type="checkbox"/> Per sale _____ | <input type="checkbox"/> Per piece _____ |
| <input type="checkbox"/> Per mile _____ | <input type="checkbox"/> Per haul _____ |
| <input type="checkbox"/> Per item completed _____ | <input type="checkbox"/> Other (Please describe) _____ |

Please document your schedule below:

Total number of hours per day normally worked _____

Average number of days per week normally worked _____

Do days worked vary? Yes or No

Do work hours vary? Yes or No

Time normally worked: _____ AM/PM to _____ AM/PM

Circle the days normally worked S M T W TH F S

I swear under penalty of perjury, to the best of my knowledge, that the above information is true and correct. I also give Stanislaus County Office of Education permission to obtain the information necessary to support my days and hours worked per week by contacting my clients, landlord, or others deemed necessary.

Parent / Guardian Signature: _____ Date: _____

If you have any questions, please contact center staff.