



GWYD DBP  
**CHEROKEE NATION®**  
Child Care & Development

P.O. Box 948  
Tahlequah, OK 74465  
(918) 453-5300 Main Phone  
(918) 458-7616 Main Fax  
(918) 458-4446 Subsidy Fax

## EMPLOYMENT VERIFICATION

**Catoosa Office**  
701 W. Rollins Street  
Catoosa, OK 74015  
918-266-5626  
Fax: 918-266-3676

**Sallisaw Office**  
100 E. Choctaw Ave.  
Sallisaw, OK 74955  
918-775-6226  
Fax: 918-775-3809

**Stilwell Office**  
406A W Locust St  
Stilwell, OK 74960  
918-696-5531  
Fax: 918-458-4446

**Pryor Office**  
6789 US 69  
Pryor, OK 74361  
918-824-4533  
Fax: 918-824-4548

### Section 1: To be completed by employee:

(Cherokee Nation employees – Submit your request by emailing [verify@cherokee.org](mailto:verify@cherokee.org). Attach this form to your request.)

Client Name:	Employee #:
Street Address:	Last 4 SS #:
City, State, Zip:	Phone #:
Signature:	Date:

I have applied for child care services through Cherokee Nation. My signature above authorizes release of the information requested below. All information is considered confidential and private and will be used by this office to determine eligibility.

### Section 2: To be completed by employer:

Verification of employment is requested for the above person.

Date of Hire: \_\_\_\_\_ Position Title: \_\_\_\_\_

Current Salary: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_

How Often Paid: ☐ Weekly ☐ Bi-Weekly ☐ Twice a Month ☐ Monthly

Employment Status: ☐ Employed ☐ Not Employed ☐ Self-Employed

Total number work hours scheduled per week: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City state zip code

\_\_\_\_\_  
Authorized Person's Printed Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Authorized Person's Title

\_\_\_\_\_  
Date