

Goddard Child Development Center  
NASA/GSFC Code 200.9  
Greenbelt, Maryland 20771  
Phone: 301-286-8588  
Fax: 301-286-0230  
[info@gcdc-nasa.org](mailto:info@gcdc-nasa.org)



### Verification of Work Experience

Maryland State Department of Education (MSDE) requires that we verify the work experience of all newly hired employees. The employee must complete the first part of this form. The former employer must verify the information provided by completing the second portion of the form.

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Employee Name: \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ to \_\_\_\_\_  
Number of hours worked per week: \_\_\_\_\_  
Ages of children with whom applicant worked \_\_\_\_\_

My job responsibilities with this Company: \_\_\_\_\_  
\_\_\_\_\_

### Type of Program

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Licensed Child Care Center    | <input type="checkbox"/> Nursery School             | <input type="checkbox"/> Church Operated School |
| <input type="checkbox"/> Public School                 | <input type="checkbox"/> Recreation & Parks Program | <input type="checkbox"/> Summer Camp            |
| <input type="checkbox"/> Other (Please Specify): _____ |   |   |

I understand that this information is needed as part of the application requirements for NASA Goddard Child Development Center (GCDC). I give permission for GCDC to collect this information from the organization I have listed above. \_\_\_\_\_

\_\_\_\_\_  
Employee Signature & Date

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### Agency Verification

Name of Person Completing This Form: \_\_\_\_\_  
Title: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax completed form to (301) 286-0230 or email it to [info@gcdc-nasa.org](mailto:info@gcdc-nasa.org).**