



WRITTEN EMPLOYMENT AND EDUCATION VERIFICATION FORM

This form will be used to verify placement in employment, placement in education, and/or attainment of degree, diploma, GED, or *acceptable* certificate at the time of initial placement.

Participant Name: _____

Name of Employer/
Educational Institution: _____

Address: _____

City/Zip: _____

Phone Number: _____

Enrollment/Attained
Degree/Start Date: _____

For Placement in Employment:

Working Full Time (30+ hours per week): # _____ or Part Time (Less than 30 hours per week): # _____

Employee Job Title: _____

Employee's Hourly Wage: _____ Benefits Provided (Yes/No) _____

Termination Date (if applicable): _____

For Placement in Education:

Enrolled Full Time (12+ units) _____ or Part Time (Less than 12 units) _____

Course of Study: _____

For Attainment of Diploma, Degree or *acceptable* Certificate:

Type of Diploma, Degree or Certificate: _____

VERIFIED BY:

Signature of Authorized Employer or Educational Representative

Date

Please Print Name

Please Print Title