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