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 (36+ hours per week)_______ or Part Time (Less than 36 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