

OFFICE OF HUMAN RESOURCES
MERCED COMMUNITY COLLEGE DISTRICT
3600 M Street
Merced, CA 95348

VERIFICATION OF
RELATED WORK EXPERIENCE

FOR EMPLOYEE:

Name (Print)

Signature of Faculty Member

My signature authorizes release of the following information:

FOR EMPLOYER:

The above listed faculty member is applying for employment with the Merced Community College District. **Please complete this verification of work experience form and fax back as soon as possible to (209) 384-6103 or email to her.y@mccd.edu**
The employee's signature above authorizes you to provide this information.

Job Title of applicant (employee) during his/her employment with you:

Description of Duties performed (attach additional information if needed):

Dates of Employment: From _____ To _____
Month/Day/Year Month/Day/Year

Percentage: _____ Full-time 100% _____ Half-time 50%
_____ Other - please state percentage _____

Name & Address of Company/Institution

Signature

Print name of person completing form

Title

Telephone number, include area code

Date