



## 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