

EDUCATIONAL RESOURCE DEVELOPMENT TRUST WORK & TRAVEL PROGRAM

EMPLOYMENT VERIFICATION FORM

Personal Information	
Student's Last Name:	First Name:
Overseas Agent: TJM	Country: Lithuania

Company Information		
Company Name:		
Employment Address Line:		
City:	State:	Zip Code:
Phone Number:	Fax Number:	
Supervisor's Name:		
Supervisor's E-mail:		

Job Information	
Student's Job Title:	
Pay Rate per hour:	Hours per week:
Job Description:	
First day of employment:	Last day of employment:

Housing Information		
Is housing available? Yes <input type="checkbox"/> No <input type="checkbox"/>	Cost of housing (per month):	
Deposit:	Is housing shared? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is housing furnished? Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:		

Signature	
Name of company representative:	
Signature:	Date:

Participant Section
<p>In accepting the position offered, I agree to work no more than four month in total, and until the last day of work stated above. I understand that either I or(company name) can terminate the employment relationship at any time with prior notice (customary practice is two weeks advance notice by the employee) and for any reasons not prohibited by law. I understand that my duties and responsibilities may vary during the period of my employment, due to business needs and other events out of the employer's control.</p>

Student's Last Name:	First Name:
Signature:	Date:

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