

EMPLOYMENT VERIFICATION FORM

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

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:		

Employer Signature	
Name of company representative:	Title:
Signature	Date:

Participant Section
In accepting the position offered, I agree to work no more than four months 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 no 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.
Name of Student:
Signature of Student: _____ Date: _____

SPONSOR: Educational Resource Development Trust (ERDT/SHARE!)

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