

EMPLOYMENT VERIFICATION FORM

Personal Information		
Student's Last Name:	First Name:	
Overseas Agent:	Country:	
Company Information		
Company Name:	Tax ID # (FEIN):	
Workers' Comp. Company*	Policy Number*	
*The U.S. Dept. of State requires sponsors to collect this information from employers as of January 24, 2011.		
Company Address Line:		
City:	State:	Zip Code:
Phone Number:	E-mail:	
Alternative Phone:	Web site:	
Supervisor's Name:		
Job Information		
Job Address(if different from above):		
Student's Job Title:		
Pay Rate per hour:	Hours per week:	
Job Description:		
Employment start date:	Employment last date:	
Housing Information		
Is housing available? Yes <input type="checkbox"/> No <input type="checkbox"/>	Cost of housing:	
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 in DS2019. I understand that either I or COMPANY 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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