

EMPLOYER VERIFICATION FORM

Student's Name _____ Employee's Name _____ Relationship to Student _____

Employer's Name _____ Name of the Company _____

Employer's Address _____ City _____ State _____ Zip _____

(_____)_____-_____
Employer's Phone Number

Best Time to Contact Employer

This student (named above) has applied to participate in the College Assistance Migrant Program (CAMP) at Wenatchee Valley College (WVC). In order to be eligible, ***the student or one of his/her immediate family members must have worked as a seasonal/migrant farm worker for a minimum of 75 days within the last 24 months.*** WVC would like to verify that you have employed this student or one of his/her immediate family members as a seasonal or migrant farm worker.

For the purposes of the program seasonal or migrant farm worker is defined as follows:

(S) Seasonal farm worker: is a person whose primary employment is farm work (related to crops, dairy products, poultry, livestock, tree harvesting or fish farms) on a temporary basis.

(M) Migrant farm worker: is a seasonal farm worker whose employment requires travel that keeps him/her from returning to his/her permanent home within the same day.

Type of farm work (S/M)	Type of Work performed (i.e. irrigating, hoeing, picking, plowing, planting, etc.)	Type of Agricultural Crop	Start Date	End Date	Total Days

I certify that the information provided is complete and accurate according to our records.

Name of Employer (Please Print)

Signature of Employer

Date

CAMP Office Use Only

The documents submitted for WVC CAMP eligibility (Employer Verification Form, W2s) meet U.S. Department of Education, Office of Migrant Education qualifications.

CAMP Recruiter

Date