

Verification of Farm Worker Employment Status

Verificación de Empleo Como Trabajador Temporal del Campo

Instructions to Applicant. If you would like to be considered for admission to the High School Equivalency Program (HEP), please take this "Verification of Farm Worker Employment Status Form" to your current or previous employer and ask them to complete the form. The form should be returned to the HEP Program Office listed below by either the applicant or employer via mail, fax or in person. Please respond as soon as possible so that we may begin to establish your eligibility. Remember, openings are limited.

Instrucciones para el Solicitante. Si a usted le gustaría ser considerado/a para admisión en el programa de Equivalencia de Preparatoria (HEP), por favor lleve esta "Verificación de Empleo Como Trabajador Temporal del Campo" a su empleador previo ó actual para que la llenen. Este formulario debe ser regresada a la oficina del programa HEP por el solicitante o empleador por correo, fax o en persona. Por favor, responda pronto para que podamos establecer su elegibilidad a nuestro programa. Recuerde, el espacio es limitado.

Verification of Farmworker Employment Status

Dear Employer:

The following person, _____, has applied to the High School Equivalency Program (HEP) at Santa Rosa Junior College. In order to be eligible for the program, the student must be a migrant/seasonal farm worker (or a relative of a migrant/seasonal farm worker). The student has indicated that the person listed below was employed by you as a farm worker within the last two years **on a seasonal basis**. The purpose of this form is for you to verify his/her **temporary/seasonal** employment. After completing this form please return to applicant or mail to:

High School Equivalency Program (HEP)
Santa Rosa Junior College
Attn: Beatriz Camargo
1501 Mendocino Ave., Santa Rosa, CA 95401
(707) 527-4978
(707) 527-4503 FAX

For purpose of the program, farm work may include any activity directly related to the production of crops, dairy products, poultry or livestock, or the cultivation or harvesting of trees, or any activity directly related to fish farms. This farm work includes work performed for either wages or personal subsistence on a farm, ranch or similar establishment. For the purpose of eligibility, **please provide the total number of days worked per calendar year.**

Name of employee: _____
Last Name First Name Middle Name

Total # of Days worked in the past **two years**: _____ Beginning: ____ / ____ / ____ Ending: ____ / ____ / ____

Detailed description of work _____

Certification of Employer

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

Name of Employer: _____

Company Name _____

Mailing Address: _____
Number & Street City Zip

Employer Signature: _____

Date: ____ / ____ / ____ Phone: (____) ____ - ____