

Employment and Earnings Verification

_____ is enrolled or has recently completed El Centro College's
 Name of Participant

Walmart Brighter Futures 2.0 Project and has authorized the College to verify employment and salary information with your company.

The information provided enables El Centro College to determine the success of its training programs.

Thank you for your time associated with the accurate completion of this form. In order to accurately track employment and retention of the above person, a staff member of El Centro College will contact your office periodically over the next 18 months to update this information.

Section I. Participant's Authorization of Employment Verification

I, _____, _____ am enrolled or have recently completed the
 Name of Participant Social Security Number

Walmart Brighter Futures 2.0 Project offered by El Centro College. I authorize representatives from the College to obtain information regarding my employment including initial confirmation, termination, retention up to 18 months of start date and salary information.

 Participant's Signature Date

Section II. Employer's Confirmation/Correction

Participant's (Employee's) Name _____

Employer _____

Employer Street Address _____

City _____ State _____ Zip Code _____

Employee's Job Title _____ Current Hourly Wage _____ PT _____ FT _____

Benefits included: Yes ___ No ___ (if no explain) _____

Effective Start Date of Employment _____ Employed as of the date of this verification Yes _____ No _____

Supervisor's Name and Title _____ Supervisor's Contact# _____

Supervisor's Signature _____ Date: _____

The undersigned does thereby attest that he/she is authorized to provide the above information and is in a position to assure that such information is true and accurate.



Employment Retention Verification

30-day verification _____

Signature of person completing this verification

____/____/____

Date of verification

____/____/____

Date of termination (if applicable)

60-day verification _____

Signature of person completing this verification

____/____/____

Date of verification

____/____/____

Date of termination (if applicable)

90-day verification _____

Signature of person completing this verification

____/____/____

Date of verification

____/____/____

Date of termination (if applicable)

120-day verification _____

Signature of person completing this verification

____/____/____

Date of verification

____/____/____

Date of termination (if applicable)



El Centro College

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

IT ALL BEGINS HERE.