

Verification of Farm-Worker Employment Status

Dear Employer:

The following student, _____, has applied to the College Assistance Migrant Program (CAMP) at West Texas A&M University. In order to be eligible for the program the student must be a migrant/seasonal farm-worker (or the dependent of a migrant/seasonal farm worker). The student has indicated that the person listed below has been/was employed by you as a farm-worker within the last two years. The purpose of this form is for you to verify his/her employment.

After completing this form, please return to:

College Assistance Migrant Program
West Texas A&M University
WTAMU Box 60094
Canyon, Texas 79016-0001

For purpose of the program. The 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 the fish farms. This farm work includes work performed for either wages or personal subsistence on a farm, ranch or similar establishments.

Name of Employee: _____
Last Name First Name Middle Name

Dates Worked: Beginning ____/____/____ Ending ____/____/____

Type of Farm-work: _____

Total days within the past two years worked: _____

Certification of Employer

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

Name of Employer: _____
Last Name First Name Middle Name

Mailing Address: _____
Number & Street City Zip Code

Business Phone Number: _____

Employer Signature: _____ Date: _____