OFFICE OF HUMAN RESOURCES MERCED COMMUNITY COLLEGE DISTRICT

3600 M Street Merced, CA 95348

VERIFICATION OF RELATED WORK EXPERIENCE

FOR EMPLOYEE:	
Name (Print)	
Signature of Faculty Member	
My signature authorizes release of the following information:	
FOR EMPLOYER:	
The above listed faculty member is applying for employment with the Merced Community College District. Please complete this verification of work experience form and fax back as soon as possible to (209) 384-6103 or email to mccall.to@mccal.edu .	
The employee's signature above authorizes you to provide this information.	
Job Title of applicant(employee)during his/her employment with you:	
Description of Duties performed (attach additional information if needed):	
Dates of Employment: From To Month/Day/Year Month/Day/Year	
Percentage: Full-time 100% Half-time 50%	
Other - please state percentage	
Name & Address of Company/Institution	
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	int name of person completing form
	the name of person completing form
Te:	lephone number, include area code
	ce