



Office Of Human Resources
Merced Community College District
3600 M Street
Merced, CA 95348

Verification of Related Work Experience

For Applicant:

Print Name (First and Last Name)	

Signature of Applicant	Date
<i>My signature constitutes my authorization for the disclosure and release of the information below.</i>	

For Employer:

The applicant listed above is applying for employment with the Merced Community College District.	
Job title of applicant (employee) during his / her employment with you:	

Description of duties performed (please attach additional pages if needed):	
Date of Employment: From: _____ To: _____	
Type of Employment: Full Time: _____ Part Time: _____	
Name of Company / Institution: _____	
Address: _____	
Signature: _____	
Print Name: _____	
Title: _____	
Phone Number: _____ Email: _____	
Date: _____	