



TITLE IV-E GRADUATE EMPLOYMENT VERIFICATION FORM

San José State University, School of Social Work

Section A: Title IV-E Stipend Recipient Information

(To be completed by graduate upon employment and every six months thereafter)

Name:	Year Graduated:
Street Address:	Day Phone:
City, State, Zip:	E-Mail:
Student Signature:	

Section B: Consent for Release of Information

(To be completed by Title IV-E Graduate)

I, _____, give permission for release of information, during my entire contractual period, regarding my employment, current status, title and length of employment with any public California Child Welfare Agency, to the Title IV-E Child Welfare Program at San Jose State University.

Signature _____
Date

Section C: Certification of Employment

(To be completed by employer)

Name of Employer: _____ County: _____

Employee's Current Job Title (attach job description): _____

Date hired in current position: _____

Still employed? Yes No If no, date of separation: _____

Has employment been continuous? Yes No

If not, dates of interruption of service: from _____ to _____

I certify that the graduate named above is employed **full-time** in an MSW Child Welfare position.

Signature of Certifying Official _____
Date

Title of Certifying Official _____
Phone Number

Section D: Title IV-E Program Certification

(To be completed by Title IV-E Program Staff only)

A _____ Employment Verification Form has been received. Time of service certified: _____

(408) 924-5834

Signature of Title IV-E Program Staff _____
Date

Phone