Take this “Verification of Migrant or Seasonal Farmworker Employment Status” form to the employer and ask them to complete the form.

Dear Employer,

The following student, [Student's Name], has applied to the College Assistance Migrant Program (CAMP) at Heritage University. In order to be eligible for the program, under the guidelines established by the U.S. Department of Education, a student who themselves or whose immediate family member must have worked at least 75 days within the last two years in agriculture as a migrant or seasonal farmworker. This includes any activity directly related to the production of crops, dairy products, poultry, and livestock for commercial sale or personal subsistence, cultivation or harvesting of trees, or fish farms. The student has indicated that the person listed below has been/was employed by you as a farmworker within the last two years. The purpose of this form is for you to verify his/her employment.

After completing this form, please return it to the student or employee.

Name of Employee: ____________________________________________

Employee’s Relationship with Student: ☐ is Student ☐ Parent/Guardian ☐ Spouse ☐ Other: ___________________

Dates Worked: Beginning ___/___/_____ Ending___/___/_____   || Beginning___/___/_____    Ending___/___/_____

Total days worked (must be at least 75 days): __________

Type of Farm Work (check):       Work Related to the Production of (circle):
☐ Preparing Land     ☐ Harvesting     ☐ Picking     Cherries     Hops     Milk     Fish     Apples
☐ Maintaining Crop     ☐ Breeding     ☐ Raising/Caring For     Trees     Chicken     Beef     Corn     Potato
☐ Branding/Tagging     ☐ Herding     ☐ Pest Control     Pears     Grapes     Walnuts     Tomato
☐ Planting     ☐ Other:__________________________   Other: ______________________________

NOTE: Please use the back of this form if additional space is needed.

CERTIFICATION OF EMPLOYER

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

Name of Employer: ____________________________________________

Mailing Address: ______________________________________________

Telephone Number: (____) ___________________ Alternative Contact (optional): ___________________

Employer Signature __________________________________________ Date ______/_____/_____

NOTES: