

College Assistance Migrant Program



EMPLOYMENT VERIFICATION FORM

INSTRUCTIONS TO THE STUDENT

If you would like to be considered for admissions into CAMP, please complete the Employment Verification Form as required by CAMP. Please ask the employer to complete this form and mail the form back to the CAMP Office (address below).

In addition, please submit a copy of the most recent pay stub from the employer (Self or Parents)

Please respond as soon as possible so that we may begin determining your eligibility into the program. **Remember, CSUB CAMP provides services to 80 students, therefore, openings are limited.**

VERIFICATION OF FARMWORKER EMPLOYMENT STATUS

Dear Employer:

The following student, _____, has applied to the College Assistance Migrant Program (CAMP) at California State University, Bakersfield. In order to be eligible for CAMP, the student or parent must be a migrant/seasonal farmworker (or the dependent of a migrant/seasonal farmworker). The student has indicated that the person listed below has been/was employed by you as a farm worker a minimum of 75 days 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:

**California State University, Bakersfield
College Assistance Migrant Program
9001 Stockdale Highway
Bakersfield, California 93311
(661) 654-3212**

Please note: For the purpose of this program, the farmwork may include any activity directly related to the production of crops, dairy products, poultry, or livestock, the cultivation of harvesting trees, or any activity related to fish farms. This farmwork includes work performed of either wages or personal subsistence on a farm, ranch, or similar establishments.

Name of Employee: _____

Dates Employed: From: _____ **To:** _____

Type of Farmwork: _____ **Total Days (w / in the past 2 years)** _____

CERTIFICATION OF EMPLOYER

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

Employer's Name: _____

Mailing Address: _____

City/Zip: _____ Telephone: (____) _____

❖ Signature: _____ Date: _____

❖ Position : _____

**COLLEGE ASSISTANCE MIGRANT PROGRAM
CALIFORNIA STATE UNIVERSITY, BAKERSFIELD**



**APPLICATION CHECK LIST
KEEP FOR YOUR OWN RECORDS**

Use this checklist to assist you in completing the CAMP application.

Please direct any correspondence to:

**College Assistance Migrant Program
California State University, Bakersfield
9001 Stockdale Highway
Bakersfield, California 93311
Phone: 661-654-3212 Fax: 661-654-6501
Email: CAMP@csub.edu
Website: www.csub.edu/CAMP**

CAMP receives more applications than there are spaces available; therefore, we recommend that you apply as early as possible. Should you have any questions, please feel free to contact the CAMP office at the above number.

CAMP CHECKLIST OF DOCUMENTS REQUIRED

CAMP applicants must submit the following before final acceptance can be determined:

- 1) **Complete CAMP Application**
Autobiography
Two (2) Letters of Recommendation
- 2) **Eligibility Documentation**
 1. Migrant Education Certificate of Eligibility
And Employment Verification
or
 2. Migrant Education Certificate of Eligibility and most current
Pay Stubs (Self or Parents)
or
 3. Employment Verification Form and current
Pay Stubs (Self or Parents)
- 3) **Test Scores**
 1. SAT or
 2. ACT or
 3. ELM/EPT Test Scores

All applicants must meet the CSUB Admissions eligibility requirements prior to being considered for the CSUB College Assistance Migrant Program (CAMP).