

Employment Status Verification Form

To be completed by OSC Graduate and his/her Employer

Please fax completed form to OSC; FAX#: 916-363-7432

SECTION 1 – EMPLOYEE / OSC GRADUATE INFORMATION

Name:

Address:

Phone: Home Cell Email:

SECTION 2 – EMPLOYMENT STATUS – (Select One)

Employed by another Company (*please continue to sections 3, 4, 5*)

Self Employed

- Will start / Have started my own business after Graduation; will not require placement assistance from OSC at this time.
- I am currently self-employed working with my own clients. # of Clients ____ website: _____
I am earning \$ _____ per month and will not require placement assistance from OSC at this time.
- Other: _____

Not Employed / Do not require employment (select reason below)

- Enrolled in additional training/education after OSC Retired Other: _____
- Enrolled at OSC to enhance personal knowledge Signature: _____
- Cannot work due to Medical Reasons

SECTION 3 – EMPLOYER INFORMATION – (Complete if self employed or employed by company)

Company Name:

Address, City, State Zip:

Manager / Supervisor Name:

Phone: Email:

SECTION 4 – POSITION INFORMATION

Official Job Title: Full Time Part Time: _____ hrs/week

Start Date: Benefits Offered By Employer:

Salary Range for this Job Classification:

- Medical Insurance
- Dental Insurance
- Paid Vacation: _____ # of weeks

SECTION 5 – EMPLOYER'S SIGNATURE

NOTE to Employer: OSC is accredited by the National Accreditation for Colleges & Schools, which OSC graduates to obtain validation of employment. By signing below, you are verifying that your company has employed the graduate named above.

Manager / Supervisor Signature: Date:

Please fax completed form to (916) 363-7432.

Questions? Please call OSC at (916) 363-7058

Employment Placement Form

Sacramento Works/SETA

(Please complete all fields)

Date:

1. Participant/Customer Name:

2. Last 4 numbers of SSN:

3a. Training Provider: *OSC Computer Training*

3b. Training Program:

3c. Contact Person: *Natasha Scott*

3d. Contact Phone: *(916) 363-7058*

3e. Contact E-Mail: *nscott@oscct.com*

3f. Training Related Placement?: Yes No

3g. Apprenticeship Related Placement?: Yes No

4. One-Stop Career Center:

4a. Coach:

5. Employer Name:

5a. Employer Address (include CSZ):

5b. Employer Contact:

5c. Contact Phone:

6. Job Title:

6a. Start Date:

6b. Hourly Wage:

6c. Hours per Week:

6d. Will the client receive employer paid health benefits? Yes No

6e. If yes, how long before health benefits begin?

Career Center Use Only

Please indicate the source used to verify the above employment information

Participant

Training Provider

Employer

Verified by (please print):

Training Grant Code:

Fiscal Year:

Customer's SSN:

App. #:

Job Code:

Last Date of Service:

Submit to Katie Jacobsen via fax at 916-263- 5427 or e-mail at KMJacobs@delpaso.seta.net

If the placement is not training related, please leave lines 3a thru 3g blank.