



VICTOR VALLEY COMMUNITY COLLEGE DISTRICT
REQUEST FOR VERIFICATION OF RELATED WORK EXPERIENCE FOR EQUIVALENCY PROCESS

FOR APPLICANT REQUESTING EQUIVALENCY:

Name (Print) Social Security # (only last 4)

Signature Date

My signature authorizes release of the information requested below

Please, submit one verification form for each employer. If you wish to use self-employment as qualifying occupational experience, a copy of one of the following IRS documents (one for each year) may be accepted as a verification of employment: Schedule C (Sole Proprietorship, Form 1065 (Partnership, Joint Venture, etc), Form 1120 (U.S/ Corporation Tax Return).

FOR EMPLOYER:

Please complete this form within 10 days from the date that you receive it and mail it to: Victor Valley College, Office of Human Resources, 18422 Bear Valley Road, Victorville, CA 92395. If you have any questions, please contact the Human Resources department at (760) 245-4271, ext 2486.

Job Title:

Description of Duties (If more space is needed, attach a signed letter on business letterhead to this form):

Dates of Employment: From: To: Month/Day/Year Month/Day/Year

Percentage: Full-time 100% Half-time 50% Other - please state percentage

Name & Address of Company/Institution:

Signature Name of person completing form

Title Phone number Date