



Certification Form

Instructions to Applicant

If you would like to be considered for admission to HEP, please complete only one of the following as required by the Migrant Education Program.

- Verification of Migrant Education Status Verification of Farm worker Employment Status

If you chose, take this "Qualification Verification Form" to the employer and ask them to complete the form. They should then mail the form back to the HEP Program Office listed below. Please respond as soon as possible so that we may begin to establish your eligibility. Remember, openings are limited.

Verification of Migrant Education Status

High School Migrant Education Identification # _____

Can be obtained from your Migrant Counselor

Special Note: If you have an Identification # you do not need to complete the next section titled "Verification of Farm worker Employment Status"

Verification of Farmworker Employment Status

Dear Employer:

The following student, _____ has applied to the High School Equivalency Program (HEP) at West Hills College. In order to be eligible for the program the student must be a migrant/seasonal farm worker (or the dependent of a migrant/seasonal farm worker). The student has indicated that the person listed below was employed by you as a farm worker 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:

West Hills Community College District
 High School Equivalency (HEP) Program
 9900 Cody St.
 Coalinga, CA 93210

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

Name of employee: _____

Last Name

First Name

Middle Name

Date Worked: Beginning _____ / _____ / _____ Ending _____ / _____ / _____

Certification of Employer

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

Name of Employer:

 Last Name

First Name

Middle Name

Mailing Address:

 Number & Street City Zip