

AGENCY and EMPLOYMENT INFORMATION

Full Name of Agency _____

Agency Address _____

Job Title _____

Employment Start Date (must be later than date of graduation) ____ / ____ / ____

Employment End Date / Service Obligation Fulfillment Date ____ / ____ / ____

Paid Employment _____ **OR** **Volunteer Service** _____

Full time (35+ hours/week) _____ **OR** **Part time (20 to 34 hours/week)*** _____

Supervisor's Name _____

Supervisor's Title _____

Supervisor's Email Address _____

Supervisor's Phone Number _____

I certify that the information provided here is true and correct and I authorize release of my employment information to the California Social Work Education Center.

Signature of Graduate **Date**

Signature of Supervisor/Employer **Date**

* If employment or volunteer service is part time, this form must be submitted with a written record of the actual hours worked on a weekly or monthly basis, such as employee paystubs for paid employment or official signed agency volunteer logs for volunteer service.