



**College Assistance Migrant Program
Application For First-Time Freshman**

Applicant Name

Employment Verification Form

Please Print In Blue or Black Ink

This student has applied to participate in the College Assistance Migrant Program at the University of New Mexico. In order to be eligible, the student or an immediate family member must have worked as seasonal/migrant farm worker for at least 75 days within the last 24 months.

Seasonal farm worker: is a person whose primary employment is farm work (related to the production of crops, dairy products, poultry, livestock, tree harvesting, or fish farms) on a temporary basis.

Migrant farm worker: is seasonal farm worker whose employment requires travel that keeps him/her from returning to their permanent home within the same day.

Therefore, we would like to verify if you have employed this student or one of his/her immediate family members as a seasonal or migrant farm worker, if you are the employer or an authorized company representative please fill out the form below, and return to the student.

| Name of Employee | Type of Work Performed (I.E. Hoeing, Picking, Planting) | Type of Agricultural Crop (Hay, Corn, Livestock....) | Start Date Month/Yr | End Date Month/Yr | Total Days Worked |
|------------------|--|---|------------------------|----------------------|----------------------|
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| Name of Employer _____ | Employer Phone Number _____ |
| Employer Mailing Address _____ | () - _____ |
| City, State, Zip Code _____ | |
| City _____ State _____ Zip code _____ | |
| Employer Representative _____ | Was the work performed for either wages or personal subsistence? |
| Representative Title _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| I certify that all of the information above is true and completed to the best of my knowledge. I understand that this information will only be used to determine the eligibility of the student to participate in the UNM CAMP Scholarship Program. | |
| Representative Signature _____ | Date of Signature _____ |

If you have any questions and or concerns please contact UNM CAMP Recruiter: Phone: (505) 340-4856 Email: camp@unm.edu

CAMP STAFF USE ONLY – Applicant Do Not Fill Out This Portion

| | |
|---|---|
| CAMP Staff Review | |
| Employer Contact name _____ | Eligible for camp <input type="checkbox"/> YES <input type="checkbox"/> NO Date Eligible: _____ |
| Contact Title _____ | |
| Type of Work _____ | Comments: _____ |
| Seasonal Work <input type="checkbox"/> YES <input type="checkbox"/> NO 75 Days w/in past 2 years <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| _____ | _____ |
| Recruiter Initials _____ Date Verified _____ | _____ |