

## Instructions for the NC Child Welfare Education Collaborative Employment Verification Form

### Part A: To Be Completed by Employee/Recipient

1. Scholar full name: first middle, last—in this order
  2. The Agency that you are working at: (Name of Agency) Co. DSS
  3. The Unit in which you work: Child Protective Services, Foster Care, etc.
  4. The Agency Address: Their mailing address
  5. Agency Telephone Number: If you know your direct number, put that down if not, the main agency number.
  6. Position Title: CPS Investigator, Case Management Supervisor, Senior Practitioner, Foster Care Social Worker, etc.
  7. Position Classification: SW II, III, IV, etc.
  8. Major Job Functions. Tell your job functions and be specific. This area must be filled out or the form will be returned.
  9. Beginning Date of Employment: Use the first day you were hired AFTER graduation. Your employment before graduation cannot count toward your payback to the Collaborative if you are returning to your agency. **The form has to be received by your University Collaborative no later than 30 days after your start date.**
  10. Beginning Salary. The salary you have when you return to your agency after receiving your BSW/MSW or when you start your new employment.
  11. Name of your Supervisor, their email address and phone number.
  12. Your signature and date you filled out the form
  13. Your current home address, phone number and email address (The email address where you would like to receive messages from the Collaborative. Either home or work)
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### Part B: To Be Completed By Agency or County Human Resources Representative

14. The acting agent for the Agency must verify that you are working in a child welfare position.
15. A copy of the county job description must accompany this verification form.

**Please make sure you have completed the form. All the information asked for is important. The form will be returned if something is missing.**