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**TO BE COMPLETED BY THE APPLICANT:**

Applicant Name (please print): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address, City, State, Zip Code, Phone: \_\_\_\_\_

I authorize the release of the information requested below to the UC Davis School of Law.

\_\_\_\_\_  
Signature Date

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**TO BE COMPLETED BY THE EMPLOYER:**

Please provide information concerning the current employment status of the individual named above and return this form to the UC Davis School of Law as soon as possible.

- IRS verification of 501©(3),(4), or (5) tax exempt status of organization. Proof of employment with local, state, or federal government agency.
- Employment is expected to continue until (date): \_\_\_\_\_
- Monthly (Gross) Salary: \$ \_\_\_\_\_
- If an increase can be reasonably expected in the next year, please specify an approximate amount and the date when the increase is expected: \$ \_\_\_\_\_ Date: \_\_\_\_\_
- If the applicant can expect to receive any other funds through your agency, please specify the amount and source of those funds: \$ \_\_\_\_\_  
Source: \_\_\_\_\_
- **Provide a copy of the job description**

\_\_\_\_\_  
Supervisor's Signature Please print name and title

AGENCY NAME AND COMPLETE MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_