



2020 West El Camino Avenue, Suite 800
Sacramento, CA 95833
hcai.ca.gov



Employment Verification Form (EVF)

INSTRUCTIONS: A completed and signed EVF must be submitted for each practice site at which the Applicant/Grantee provides direct patient/client care.

PLEASE ENTER ALL INFORMATION CLEARLY

Applicant/Grantee's First and Last Name:			
Applicant/Grantee's Start Date:		Employer Phone #:	
Employer Name:			
Employer Address: <small>(Address of the practice site where the Applicant/Grantee provides direct patient/client care and <u>NOT</u> the headquarters)</small>	Street:		
	City:	State:	
	Zip/Postal Code:	County:	
Applicant/Grantee's Profession:			
Is the Applicant/Grantee providing 32+ hours per week of direct patient/client care?		YES	NO If no, how many: _____
Is the Applicant/Grantee providing abortion-related care and/or reproductive health care services?		YES	NO
What are the Applicant/Grantee's total hours serving adults ages 65 or older per week: _____			
If called upon, the Applicant/Grantee uses the following language(s) in addition to English while in the work environment or within the community they serve:			
Briefly list Applicant/Grantee's primary day-to-day duties and/or job functions. Reference to "See Resume/ Job Description" will cause your application to be rejected:			

TO BE COMPLETED AND SIGNED BY THE DIRECT SUPERVISOR OR APPROPRIATE DESIGNEE
I DECLARE UNDER PENALTY OF PERJURY THAT THESE STATEMENTS ARE TRUE AND CORRECT.

Supervisor Signature

Date

Supervisor Name
(PLEASE PRINT)

Supervisor Email