Employment Verification Report

Return no later than February 16

Two Ten Footwear Foundation • 1466 Main Street • Waltham, MA 02451 • 1-800-FIND-210 • www.twoten.org

To be Completed by Applicant: (please type or print clearly, all answers must be given.)

1. Applicant Name _____

   Address _____

   City_____ State_____ Zip_____

2. The name of the person employed in the footwear, leather, or allied industry is: _____

   ❑ Applicant ❑ Parent of applicant ❑ Step-parent of applicant ❑ Other _____

3. Company_____
   name (specify)

   _____
   address

   _____
   city state zip code

   _____
   division/franchise of (if applicable)

   _____
   president's name

4. Position _____
   title

   _____ _____ dates of employment: from _____ to _____or, ❑ Present
   hours worked per week

5. a. Which sector of the industry is the company affiliated with?

   ❑ retail ❑ manufacturing/distribution ❑ wholesale ❑ allied shoe industry ❑ other _____

   b. What specific area do you/your parent work in?

   ❑ corporate ❑ retail ❑ manufacturing/distribution ❑ wholesale ❑ sales rep. ❑ other_____

This form requires the signature of a company officer.

To be completed by Company Officer (manager, supervisor, owner, etc.)

I certify that I have read the above carefully and testify that the information listed here is accurate and verifiable.

_____ ( )_____
company phone number

_____ _____
officer signature print name and title

Past footwear industry employment of person listed in question #2 (list most recent first)

Company	Position	City, State	Dates of Employment

All communication (both written and oral) to the Two Ten Footwear Foundation Scholarship Program Staff and Selection Committee will be kept confidential.