



HealthForce Partners

Northern San Joaquin Valley

Employment Verification Letter

To Whom it May Concern,

In order to apply for the San Joaquin Behavioral Health Workforce Partnership all applicants must provide employment verification. Please fill out and sign this document on behalf of the applicant.

Thank you,

Christina Gilbert
San Joaquin County Director
cgilbert@healthforcepartners.net
209-401-4573

I certify that _____ works at _____ in the
position of _____. Their hire date was _____.

This position is full time [] part time []

This person is in good standing: Yes [] No []

This person has no other service agreements with our organization:

They do not [] They do []

Employer Signature _____

Contact Email _____

Contact Number _____