

Employment Verification

INSTRUCTIONS: If you have paid work experience **with patients or clients**, please have your employer fill out this verification form and submit it with your scholar admission application. If you have worked at more than one facility, please include verification of **each job held**.

This statement is to confirm that _____ is or has been
Name of Employee

employed with _____ from _____ to
Name of Employer Start date

_____. They worked an average of _____ hours/week.
End date

This individual's job title, duties and responsibilities are/were as follows:

Printed Name of Employer / Title

Signature of Employer

Date

Address

Telephone Number

City, State, Zip