

**CENTRAL CAROLINA COMMUNITY COLLEGE
EMPLOYMENT VERIFICATION FORM**

Name: _____

Student ID #: _____

Intended Major (Circle one): ADN DA DH HIT MA MS PN VMT

Please have your employer/supervisor complete the following information:

Name of Company/Agency: _____

Address: _____

Telephone Number: _____

Job Title of Employee: _____

Start Date: _____ End Date: _____

Hours Worked Per Week: _____

Supervisor Name: _____

Supervisor Title: _____

****It is required that you submit a job description, letter on company letterhead, or email from employer that details classification of employee status, and duties and responsibilities.***

I verify that all of the information submitted is accurate and true.

Signature of Employee

Print Name

Date

Signature of Employer

Print Name

Date