AC/C TECH

Employment Verification

Graduate Information
Graduate Name: _____
Program Name/Session/Campus: _____
Program Start Date: _____   Graduation Date: _____

Employment Information
Employment Start Date: _____   Job Title/Description: _____
Employer Company Name: _____
Employer Address: _____
Employer Phone Number: _____
Employer Contact/Supervisor Name: _____   Contact Number: _____
Employer Email Address: _____

Type of Placement:
Employment must be verified no sooner than 30 days following graduation. 30 days employment in a training related position is required.
_____ Full-time:
_____ Part-time: *Requires signed attestation*
_____ Temporary: *Requires signed attestation*
_____ Continuing Employment: *Requires signed attestation*
_____ Self-Employment: *Requires signed attestation*

Verification:
Method of verification: Telephone   Email   Fax   In-person
Verified by: Employer   Student   Other: _____

To the best of my knowledge, the above information is complete and accurate. I understand that if I knowingly provide false information, my enrollment may be revoked. I also understand that electronically typing my name in this document is considered to have the same legally binding effect as signing my signature using a pen and paper.

_____   _____
Student Signature   Date

_____   _____
Staff Signature   Date

If the student is unable to sign and deliver/fax/scan the above document, the institution may accept placement waivers via e-mail provided that the e-mail account includes at least part of the student's name in his/her e-mail address.