

EMPLOYMENT VERIFICATION



FOR ADULT & GRADUATE PROGRAMS

swu.edu

NAME _____

1. NAME OF COMPANY AT WHICH YOU ARE EMPLOYED _____

2. EMPLOYER'S PHONE # _____

3. DATE OF HIRE _____ DATE ENDED _____

4. JOB TITLE _____

5. PLEASE LIST YOUR MAJOR RESPONSIBILITIES OR ATTACH A DETAILED JOB DESCRIPTION.

I HAVE REVIEWED THIS INFORMATION & FIND IT TO BE TRUE TO THE BEST OF MY KNOWLEDGE.

PRINT STUDENT'S NAME

TITLE

STUDENT'S SIGNATURE

DATE

EMPLOYER'S SIGNATURE

DATE

NOTE: All M.Ed. students need school administrator/principal to sign. All others need supervisor/employer to sign.
