

EMPLOYMENT VERIFICATION
To be completed by supervisor

Applicant Name _____

Name and Address of Facility/Business: _____

Your current/former employee listed above is requesting verification of service because he/she is making application to the Shoreline Community College Nursing Program. Our selection process allows for verification forms to be submitted by the applicant's current or former supervisors. This information includes total number of hours worked and a job description. A reference/recommendation is not required.

*Please complete the information and return the form to the applicant in a sealed envelope or mail to the **Nursing Program, Shoreline Community College, 16101 Greenwood Avenue N, Seattle, WA 98133.** Thank you for your assistance.*

* * * * *

Applicant's Job Title _____

Applicant has fulfilled any probationary period and applicant is eligible for continued service or re-hire: Yes No

Continuous paid employment:

Total number of hours worked (please be specific w/ hours): _____

Minimum qualifications/certification required: _____

Descriptions of duties (or attach job description): _____

Additional comments (optional): _____

I certify that this information is true and correct to the best of my knowledge.

Supervisor's Signature

Date

