



SOUTH CAMPUS

Employer Verification Form			
Applicants must complete this form and can submit additional documentation from employer human resources.			
Applicant's Name:			
Organization Name:			
Manager/Leader Name and Title: Manager/Leader Phone number: Manager/leader Email:			
Applicant's Job Title:			
Dates of Employment	From:	To:	Total # Hours per week:
Job Roles and Responsibilities (<i>Must be HR description</i>)			
Manager/Leader Signature	Signature:	Date:	
Applicant Signature	Signature:	Date:	
Additional Comments			