

EMPLOYMENT VERIFICATION (Employer)

We truly value your input and appreciate any comments or suggestions you may have for us to improve and refine our programs.

Please return this form either via mail or fax at your earliest convenience. If you are not able to provide all of the requested information, please complete what you can. Once again, thank you for your time and attention in completing this form.

Campus: Fortis College Norfolk
Address: 6300 Center Drive Norfolk, VA 23502
Director of Career Services: Lola Bennett
Phone: (757) 499-5447
Email: lbennett@edaff.com
Fax: (757) 473-5735

Date 1st Attempt:
Date 2nd Attempt:
Date 3rd Attempt:

Graduate/Student Name: _____		Position/Title: _____	
Company Name: _____		Today's Date: _____	
Company Address: _____			
Graduate/Student Hire Date: _____		Still Employed: YES OR NO	
Annual or Hourly Pay Rate: _____		FT: _____	PT: _____ Per Diem _____ Temporary: _____
Graduate Program of Study: _____			
Job Duties/Skills used: _____			

Any current openings/positions: _____			
Your Name/ Title: _____		Signature: _____	
Telephone: _____	Fax: _____	Email: _____	Date: _____

AUTHORIZATION TO RELEASE INFORMATION (GRADUATE)

I hereby authorize you to release information requested above. I release all parties from any liability or responsibility incurred as a result of furnishing this information. I understand that my school will use this information for statistical purposes only.

SIGNATURE

SOCIAL SECURITY NUMBER

D.O.B.

DATE

For in school use only: Please check all that apply: In Field () Field Related ()

Career Services Director: _____ Date Verified: _____

Campus Director: _____ Date Verified: _____

Regional/National Director: _____ Date Verified: _____