

# NURSING | SELECTIVE ADMISSION EMPLOYMENT VERIFICATION FORM

The Employment Verification Form must be completed using the following directions:

- Work experience must be for a **minimum of six (6) months** within the last year.
- The Employment Verification Form must be completed by a **supervisor** and all sections must be complete.
- An official job description\* print-out **must** be included with the form.

*\*If a print-out is not available, a detailed job description must be typed on company letterhead containing the applicants name, job title, job duty description, supervisors signature and date.*

## APPLICANT EMPLOYMENT INFORMATION

Applicant Name:				A Number:			
Current Job Title:							
Hire Date:	MM / DD / YYYY	End Date:	MM / DD / YYYY	<input type="checkbox"/> Currently Employed			
Total hours worked within last six (6) months:			Average hours worked per week:				
Company/Employer Name:							
Mailing Address:							
City:			State:			Zip:	
Supervisor's Name:							
Job Title:							
Phone Number:			E-mail:				
Is the student employed in a <b>medical setting</b> such as a hospital, clinic, nursing home or other environment where licensed practitioners diagnose, treat, and prevent acute and chronic illness or injury?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do the daily responsibilities of the student involve <b>direct patient care</b> ?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Comments:							

I hereby certify that the information provided on this form is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

## NURSING ADMINISTRATIVE USE ONLY

APPROVED

Tier One

Tier Two

Tier Three

DENIED

Incomplete OR No job description

< 6 Months OR over 12 months

No Patient Care/Medical Setting

Reviewed By: \_\_\_\_\_