

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 medical setting 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 direct patient care ?			<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

☐ Tier Four

☐ DENIED

☐ Incomplete OR No job description

☐ < 6 Months OR over 12 months

☐ No Patient Care/Medical Setting

Reviewed By: _____