

Employment Verification

Directions: Form must be completed by employer(s) and returned to Coastal Bend College's office of Human Resources. NOTE: If the applicant is self-employed, this form must be completed by at least two (2) current/former business clients. Additional copies of this form may be made as needed.

Applicant Name: _____ SSN: _____

Employer/Client Name: _____

Type of Business: _____

Dates of Employment: From _____ To _____

Employee Title: _____

List any title changes during the course of employment:

List Responsibilities:

The above verification was completed by:

Employer Signature: _____ Date: _____

Employer Printed Name:

Title: _____