



BACHELOR OF SCIENCE  
IN NURSING

## EMPLOYEE VERIFICATION FORM

### EMPLOYER INFORMATION

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

Employer Email: \_\_\_\_\_

### APPLICANT / STUDENT INFORMATION

**Student's Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Hire Date:** \_\_\_\_\_

**Employment Type:**  Full-time  Part-time

### ACKNOWLEDGEMENT

I acknowledge that the information on this employment data is accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Leader's (Supervisor/Manager) Name: \_\_\_\_\_

Leader's Title: \_\_\_\_\_

Leader's Email: \_\_\_\_\_

Email completed form to [SanjacBSN@sjcd.edu](mailto:SanjacBSN@sjcd.edu)