



Career Services Employment Verification Form

PERSONAL CONTACT INFORMATION (PLEASE UPDATE ANY CHANGES AT CAREEROFFICE@WALNUTHILLCOLLEGE.EDU)

Graduate Name: _____

Current Permanent Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____ Work Phone: _____

Personal Email: _____

GRADUATION PROGRAM INFORMATION– Indicate the degree you are graduating with this term:

Associate CA _____ Associate PA _____ Associate RM _____ Associate HM _____

Bachelor CA _____ Bachelor PA _____ Bachelor RM _____ Bachelor HM _____

Program Start Date _____ Graduation Date _____

PLEASE SELECT THE MOST APPROPRIATE DESCRIPTION OF YOUR POST-GRADUATION EMPLOYMENT STATUS AND COMPLETE THE SECTION IN FULL DETAIL.

I am continuing my education.

Graduation Date from WHC: Date _____ Program _____

Scheduled Start Date: _____ Institution Name _____ Program _____

I am currently self-employed.

I _____ attest that I am currently self-employed. My employment is aligned with my employment goals, is vocational, and is based on, and related to, the education and training received at WHC. As such, I am earning an income related to my training and education.

Signature: _____ Date: _____ Annual Income: _____

I am currently unemployed (please contact career services department if you are seeking employment)

- Currently Seeking Employment IN my field of study.
- Currently Seeking Employment OUTSIDE my field of study
- Not Currently Seeking Employment (please provide a reason below)

I am currently employed in an industry OUTSIDE OF my field of study.

Please FULLY complete the “Employer Details” and “Compensation” sections on the next page.

I am currently employed WITHIN MY field of study

Please FULLY complete the “Employer Details” and “Compensation” sections on the next page.



EMPLOYER DETAILS (PLEASE FILL OUT COMPLETELY)

Employment Start Date (MM/DD/YYYY) _____ Position Title (specific) _____

Current Employer _____ I am employed: Full Time _____ Part Time _____

Employer Phone _____ Website _____

Employer Address _____

City _____ State: _____ Zip: _____

Supervisor/Point of Contact: Last Name: _____ First Name: _____

Title of Supervisor _____

Supervisor Phone _____ Supervisor Email _____

This position was my internship site and I have been hired as a full-time employee. Yes _____ No _____

If you were employed prior to your graduation date, please indicate below with your signature:

The training provided by the college has **allowed me to maintain my current position** OR **has allowed me to be eligible or qualified for advancement**. Yes _____ No _____

If you gained employment after your graduation date, please indicate the below with your signature:

My employment is directly related to the program from which I graduated and aligns with the educational and training objectives of my degree program. Yes _____ No _____

If No, please explain.

Please use the space below to provide a detailed job description (attach additional pages if needed).

COMPENSATION INFORMATION

Hourly Pay Rate _____ **OR** Annual Salary _____

Do you receive a benefit package? Yes _____ No _____

I anticipate remaining in this position until I voluntarily choose to leave it? Yes _____ No _____

EMPLOYMENT VERIFICATION

Employer Signature _____ Date _____

Graduate Signature _____ Date _____

WHC Authorized Signature _____ Date _____

* WHC signature required when attesting to verbal employment verification with the employer and the graduate when attempts to secure written documentation are unsuccessful.