



Employment Verification Form

If verification by more than one employer is required to meet the requirements, please make additional copies of this form.

Employer Information

Employer	
Mailing Address	
Contact Number	
Contact Email	

Applicant Information

Applicant	
Position Held	
Responsibilities	
Dates of Employment	From _____ To _____
Total Hours	
<i>If work experience has been limited to alcohol only or drug abuses only, please indicate this in the total hours space.</i>	

By Employer

Name of Immediate Supervisor	
Signature of Employer	
Title	
Date	