

Verification of Employment

A: TO BE COMPLETED BY THE WSU STUDENT

Your Full Legal Name: _____

Your Mailing Address (Street, City, State, Zip): _____

Your Phone: _____

Your Email Address: _____

Your MyWSU ID: _____

Your Academic Program: _____

Organization in Which You Are Employed: _____

Your Job Title: _____

B: TO BE COMPLETED BY SUPERVISOR /EMPLOYER REPRESENTATIVE:

1. Please complete the sections B and C and sign.
2. Return the completed, signed hard copy in a sealed official school envelope to the Applicant **OR** email as attachment to your program advisor. Coordinate submission with the applicant.

Name of Your Organization:

Your Name: _____

Your Title _____

Organization's Mailing Address (Street, City, State, Zip): _____

Your Phone: _____

Your Email Address: _____



C. VERIFICATION (TO BE COMPLETED BY SUPERVISOR/EMPLOYER REPRESENTATIVE)

I verify the above applicant name in Section A is currently employed under contract or as an at will employee in our organization:

Yes

No

I verify the above applicant has successfully completed a Criminal Background Check that is on file with our organization:

Yes

No

Comments:

Signature of Supervisor/Employer Representative

Date