

Employment Verification Form

To be completed by OSC Graduate and his/her Employer

Please fax completed form to OSC; FAX#: 916-363-7432

INSTRUCTIONS: OSC Graduate must complete Sections 1, 2 & 3; Employer is requested to complete Section 4. Completed form is to be faxed to OSC Computer Training at (916) 363-7432.

SECTION 1 – EMPLOYEE / OSC GRADUATE INFORMATION

Name:

Address:

Phone: Home Cell

Email:

SECTION 2 – EMPLOYER INFORMATION

Company Name:

Address, City, State Zip:

Manager / Supervisor Name:

Phone:

Email:

SECTION 3 – POSITION INFORMATION

Official Job Title:

Start Date:

Select Benefits Offered By Employer:

Medical Insurance

Dental Insurance

Paid Vacation: _____ # of weeks

Salary Range for this Job Classification:

NOTE TO EMPLOYER: OSC is accredited by the National Accreditation for Colleges & Schools. This accreditation body requires OSC students/graduates to obtain validation of employment. We appreciate you taking time to review and validate the information provided by your employee by providing your signature below.

SECTION 4 – EMPLOYER'S SIGNATURE

By signing below, you are verifying that the above named OSC Graduate is currently employed by your company in the position noted above:

Manager / Supervisor Name:

Manager / Supervisor Signature:

Date:

**Thank you for completing this form.
Please fax completed form to (916) 363-7432.**

Questions? Call OSC at (916) 363-7058