EMPLOYMENT **VERIFICATION**

SOUTHERN WESLEYAN UNIVERSITY

FOR ADULT & GRADUATE PROGRAMS

swu.edu

NAME _____ SOCIAL SECURITY # _____

1. NAME OF COMPANY AT WHICH YOU ARE EMPLOYED _____
2. EMPLOYER'S PHONE # _____
3. DATE OF HIRE _____ DATE ENDED _____
4. JOB TITLE _____
5. PLEASE LIST YOUR MAJOR RESPONSIBILITIES OR ATTACH A DETAILED JOB DESCRIPTION.

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I HAVE REVIEWED THIS INFORMATION & FIND IT TO BE TRUE TO THE BEST OF MY KNOWLEDGE.

_____ _____

PRINT STUDENT'S NAME TITLE

_____ _____

STUDENT'S SIGNATURE DATE