

EMPLOYMENT VERIFICATION REQUEST FORM

Your Name: _____

Where was your final work location?: _____

What was your last day of work at City Colleges?: _____

Your Social Security # _____ - _____ - _____

Your Street Address: _____

City: _____ State: _____ Zip Code: _____

Your Telephone/Cell # _____

Select type of Verification: **Employment Only** (e.g., dates & position) **Employment & Income** (may take longer to process)

Additional Information Needed: _____

For what purpose will the verification be used? _____

Choose how the completed verification should be sent back to you:

Fax to # _____ Attn: _____

Mail to Address: _____

Email Address: _____

Employee Signature: _____ Date _____

***Please email, fax, or mail completed and signed form to:**