APPLICATION IS TO BE SUBMITTED ONLINE USING LINK PROVIDED ON WEB PAGE

Employment Verification Form

(To be completed by employer)

Applicant's Name: _____

To: The employer of the undersigned:

This is your authorization to release the information concerning my employment as required below. In order to establish eligibility for the AASN-RN program at Arkansas State University-Beebe, verification of employment hours is required. Please complete this form as soon as possible. It is required before I can be determined eligible for the program. This form can be returned via email to casmith@asub.edu or to the Nursing Department, 1800 E. Moore Ave., Searcy, AR 72145.

Your cooperation and prompt return of this information is appreciated.

_____ _____

Signature of Employee Date

TO BE COMPLETED BY EMPLOYER:

Business Name: _____ **Telephone #** _____

Address _____

Approx. Hire Date: _____ **Job Title:** _____

Approx. number of Orientation Hours: _____

Please indicate the employee's work Schedule (Examples: "M-F, 8 am to 5 pm" or "11 am to 7pm-- 4 days on 2 days off" or "M-Sun Days Vary, 12 Midnight – 7 am")

Enter Work Schedule: _____

Does this schedule vary? Yes _____ **No** _____ **If yes, please explain below:**

Avg. # Hours Worked per Week over the last 5 months _____

Please note: Applicant must have worked a minimum of 5 months (800 hours) over the last two (2) years. Experience must be direct patient care centered. ***No hours served as an orientation to employment or related training shall be considered.***

Comments _____

_____

MUST BE SIGNED BY EMPLOYER

_____ _____ _____

Person Completing This Form (Please Print) Title Phone #

_____ _____

Signature Date

Updated 10/20