

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

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## 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## MUST BE SIGNED BY EMPLOYER

\_\_\_\_\_  
Person Completing This Form (Please Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date