

EMPLOYMENT VERIFICATION FORM

Please type or print legibly in black ink

Name _____

Last

First

Middle

Employer _____

Date of Hire _____

Current Title/Rank _____

I hereby authorize the George Washington University to contact my employer to confirm my date of hire and current position in connection with my application for admission to the College of Professional Studies. I hereby authorize the release of such information and release providers of information from all liability in responding to inquiries about me.

By signing below, I certify that I am employed as a safety, security, and/or information technology professional.

I understand that misrepresentations, omission, or falsification of information connected with my application for admission may be grounds for denying or withdrawing an offer of admission or termination of enrollment if I have been admitted.

Applicant's Signature: _____ Date: _____

To be completed by a representative of the Human Resource Department of the company identified above.

- The information provided above is consistent with our records.
- The information provided above is not consistent with our records. Please explain in the comment field below.

Additional Comments: _____

Signature of Employer Representative: _____ Date: _____

Position Title: _____

Telephone Number: _____ Email: _____