



Employment Verification Form

(Estimated completion time: 1-2 minutes)

Your Name: _____ Last Four Digits of Your SS#: _____

Employer's Name: _____

Your Job Title: _____

Brief Summary of Job Duties: _____

Do you use a computer in fulfilling your job duties? If so, please elaborate: _____

Supervisor's Name: _____

Employer's Address: _____

Employer Phone#: _____ Employer's Web Address: _____

Start Date: _____ End Date (if applicable): _____

Pay Rate/Salary: _____ Per: Hour Week Month Year

Hours Worked Per Week: _____

Signature: _____ **Date:** _____

**Please fax this completed form within 24 hours to (561) 750-9872.
No cover sheet is needed. Or, scan it directly to Howard@PCProfessor.Com**

Or, mail it to:

**Howard Fellman, Academic Dean
PC Professor Technical Institute
7056 Beracasa Way
Boca Raton, FL 33433**

PC Professor

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Toll Free: 1-888-PC-12345