



## 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](mailto: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