



EMPLOYMENT VERIFICATION FORM FOR OKLAHOMA CAREER READINESS DIPLOMA

Section 1: Employer Information

Company Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: (____) – _____

Email Address: _____

Contact Person: _____

Title/Position: _____

Section 2: Employee Information

Employee Name: _____

Employee Job Title: _____

Employment Status: ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal

Employee Signature: _____ Date: ____ / ____ / ____

Section 3: Verification Signature (To Be Completed by Employer)

I certify that the above information is true and correct to the best of my knowledge.

Employer Signature: _____ Date: ____ / ____ / ____