



# 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_