

ABC Student Employment Verification

Instructions:

- Fill out ALL categories that apply to you. For example, if you are employed within the animal industry AND outside of the animal industry, please provide information in both sections below.
- This completed form is a graduation requirement.

As a vocational training school, Animal Behavior College is required by the State to collect employment information from our students and graduates. Information obtained in this form will ONLY be used for statistical purposes and will not be used or shared with any other agency.

Student Information:

Name:

File #:

Employment Information:

Section 1 : Are you currently working (part-time, full-time, or volunteering) within the animal industry in North America?

- | | |
|-------------|---|
| Yes | If you answered "Yes", please complete this section in full, and then proceed to Section 4. |
| No | If you answered "No", please skip to Section 2, and then proceed to Section 4. |
| Not Working | If you answered "Not Working", please skip to Section 3, and then proceed to Section 4. |

If YES then please complete this section in full and then proceed to Step 2.

Company Name:

Street Address:

City, State & Zip

Phone

Were you hired by the facility where you completed your externship?

Yes

No

Were you offered a position by the facility where you completed your externship?

Yes

No

Position/Title:

Annual Salary:

Start Date:

Hours Worked per

Week:

Supervisor's Name:

Phone Number:

Email:

Section 2 : Are you currently working (part-time, full-time, or volunteering) outside the animal industry? Please note that ABC is not contacting your employer.

- | | |
|-----|---|
| Yes | If you answered "Yes", please complete this section in full, and then proceed to Section 4. |
| No | If you answered "No", please skip to Section 3. |

If YES then please complete this section in full and then proceed to Step 4.

Company Name:
Street Address:
City, State & Zip
Phone

Position/Title:
Start Date:

Supervisor's Name:

Hours Worked per
Week:
Phone Number:
Email:

Section 3: If you are currently not working (part or full time), please select an option below:

Not working:

Other:

Section 4: Do you plan on furthering your education by enrolling in additional programs here or elsewhere?

Yes

No

Where?