Oral Employment Confirmation



Complete this form to document the oral confirmation you received from the employer once the graduate has started working. *Please complete all information as applicable. Do not leave blanks (Write N/A if not applicable). 1535664125 _ Student ID: Employee Name: Graduation Date: _ 12-22-17 Employer Name Employer Address, City, State, Zip Code Employer Telephone Employer Fax Number Employer Email **Employer Contact** Start Date (MM/DD/YY): 1 / 2 / 18 Employee's Job Title: McChanic Is this position intended to be permanent and ongoing? XYes DNo Termination Date (if applicable): ___ Number of hours per week the graduate is scheduled to work: Starting salary per hour: \$ ___NA Is this a paid position? Yes No How is the employee's education relevant to the position? What job duties is the employee (graduate) performing on the job? Attach a job description, if possible: __ Was this graduate employed by your company prior to graduation?

Yes No If yes, please select an option and explain below. New job or promotion (Please explain below including new title/duties) Credential required for possible future promotion (Please explain below potential future promotion) Maintaining skills required for the job (please explain below skills required) Change in potential duties, compensation (Please explain below changes in duties/compensation) Please explain how the program contributed to the graduate's ongoing professional development: Career Services Representative Signature: If short-term assignment or ABHES accredited MA program: Follow-Up Conducted By: ___ Signature: Date: □ Employed 15th Day Confirmed (ABHES) □ 30 Day Follow Up Conducted □ Employed st Day Confirmed Career Services Director Signature:

Graduate Oral Employment Confirmation

Follow-Up Conducted By:

Career Services Director Signature:

□ 30 Day Follow Up Conducted □ Employed st Day Confirmed



Complete this form to document the oral confirmation you received from the Graduate once the graduate has started working. *Please complete all information as applicable. Do not leave blanks (Write N/A if not applicable). **Graduate Name: Graduation Date: Employer Name** Employer Address, City, State, Zip Code **Employer Telephone Employer Fax Number Employer Email Employer Contact** Graduate Contact Info (i.e. phone, email) Start Date (MM/DD/YY): Is this position intended to be permanent and ongoing?

Yes No Termination Date (If applicable): Number of hours per week the graduate is scheduled to work: Full - time Is this a paid position? Wes - No Starting salary per hour: \$ How is the graduate's education relevant to the position? What job duties is the graduate performing on the job? Attach workline on CATI a job description, if possible: Was this graduate employed by this company prior to graduation?

Yes No If yes, please select an option and explain below. New job or promotion (Please explain below including new job title/duties) Credential required for possible future promotion (Please explain below potential future promotion) Maintaining skills required for the job (Please explain below skills required) Change in potential duties, compensation (Please explain below changes in duties/compensation) Please explain how your program contributed to your ongoing professional development: Career Services Representative Signature: If short-term assignment or ABHES accredited MA program:

Signature:

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□ Employed 15th Day Confirmed (ABHES)

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