



VERIFICATION OF OCCUPATIONAL EXPERIENCE (Non-Teaching)

The Wisconsin Technical College System (WTCS) requires that all educational personnel be hired on the basis of their education and occupational experience. Please verify the following individual's employment as authorized below.

AUTHORIZATION: To be completed by **Applicant/Employee** and forwarded to Employer.

Print Name: _____ Social Security Number: _____

Street Address: _____ City/State/Zip: _____

I authorize my present/former employer to furnish Western Technical College with the information requested below.

Name of Present/Former Employer: _____

Street Address: _____ City/State/Zip: _____

Signature: _____ Date: _____

EMPLOYMENT RECORD: To be completed by **Employer** and returned to Western Technical College.

The above named individual is/was employed by our organization:

From: (MM/DD/YYYY) _____ To: (MM/DD/YYYY) _____

The employee is/was employed **Full-Time:**
 For _____ hours per week for _____ weeks.
 Total number of Full-Time hours employed to date: _____

The employee is/was employed **Part-Time:**
 For _____ hours per week for _____ weeks.
 Total number of Part-Time hours employed to date: _____

Job Title or Classification:

List Primary Job Duties: (Attach position description if available)	Percentage of Time:
_____	_____
_____	_____
_____	_____

VERIFICATION: Employer verifies information and returns form to Western Technical College.

Company Name: _____

Street Address: _____

City/State/Zip: _____

Signature: _____

Title: _____

Date: _____

Return Completed Form to:

Western Technical College
Attn: Human Resources
400 7th Street North
La Crosse, WI 54601
Fax: 608-789-4708

Attention:
Sarah Jackson
608-789-6253
jacksons@westerntc.edu