Perry Technical Institute

EMPLOYMENT VERIFICATION

In order to complete your student file, we must document details about your place of employment as it relates to your training at Perry Tech. Please take a moment to provide us with the following required information:

Your Name:_____

LAST   FIRST   MI

Program of Study:_____   **Graduation Date:**_____

YOUR EMPLOYMENT INFORMATION

Name of Company: _____

Company Address: _____

City, ST ZIP: _____

Company Phone Number: _____

Supervisor's First & Last Name: _____

Your Job Title: _____

Date Hired: _____

Salary (optional, for statistical purposes only)**:** _____

I certify that I am employed at the above company in a paid position related to the training I received at Perry Technical Institute.

_____   _____

SIGNATURE REQUIRED   *Date*

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Once completed and <u>SIGNED</u> please submit immediately to:

Perry Tech Career Services

FAX:		**MAIL or DROP OFF:**		**SCAN & EMAIL:**
509-453-0375	*or*	2011 W. Washington Avenue Yakima, WA 98903	*or*	careerservices@perrytech.edu