

Cleveland State

COMMUNITY COLLEGE

Employment Verification

Return this form to:

**Cleveland State
Community College**
Admissions and Records Office
3535 Adkisson Drive
Cleveland, TN 37320
Phone: (423) 478-6213
Fax: (423) 478-6255

Name: _____ Student ID#: _____

Term of Admission: _____ Date: _____

Dear Employer:

The above named student has applied for admission to Cleveland State Community College. To enable the college to properly classify him/her for the purpose of paying college fees, the following information must be completed and returned to the Office of Admissions and Records as soon as possible. **The form must be sealed and mailed directly to our office by you, the employer.**

Your assistance in this matter is appreciated.

Admissions and Records Office

– To be Completed by Employer –

Employee's Name _____

Employment Dates: From _____ To _____

Employment is: full-time part-time (# of hours per week _____)

Name and address of company _____

Signature of company official _____

Title of company official _____

Phone # _____ Date: _____