ON-CAMPUS EMPLOYMENT VERIFICATION FORM

To Whom It May Concern:

Employer contact information: Employer Identification Number (EIN) 71-0685540

NorthWest Arkansas Community College

This is evidence of on-campus employment for:

Name of Student: _________________________________________________________

Natures of student’s job (e.g., wait staff, lab assistant, Tutor, etc):
_______________________________________________________________________

Start Date: ______________ Number of Hours/Week: _____________________

Department Telephone Number
__________________________________________

Student’s Immediate Supervisor

Supervisor’s Signature: _________________________________________________

Supervisor Title: ______________________________________________________

Date: ______________________

Please return the completed form to Mary Machira
Director, Global Communities Center
(419) 619-2224 – (479) 619-2665 (FAX)
E-mail: mmachira@nwacc.edu