

CAREER TRAINING USA

Previous Employment Verification Letter

Please have a supervisor from your current/former employer complete this employment verification form and attach their business card. If your employer will not sign this form, you must attach a signed letter on official company letterhead verifying the same information.

NAME OF EMPLOYEE

NAME OF COMPANY

DEPARTMENT

EMPLOYEE'S JOB TITLE

to

☐ Full-time ☐ Part-time

DATES OF EMPLOYMENT (MM/DD/YYYY)

EMPLOYMENT STATUS (SELECT ONE)

Role and Responsibilities:

The information you submit to InterExchange will be held confidentially, and will only be used by us or disclosed to third parties as strictly necessary to process the Career Training USA application, or as otherwise required by law. By submitting this form, you agree that InterExchange may collect, use, and disclose your personal data to process the Career Training USA application. Please contact InterExchange at privacy@interexchange.org for more information.

NAME OF SUPERVISOR COMPLETING FORM

SUPERVISOR TITLE

SIGNATURE

DATE (MM/DD/YYYY)