

**Graduate Employment Verification**

**CoAEMSP Program Number:**       **Date:**

**Program Sponsor:**       **Course Number:**

**Student:**       **Course Start Date:**

**Level:**

This form has been completed as part of the program closeout and included in the student file. The graduate will receive a copy with instructions to complete and return to the program director with any employment changes within 12 months following graduation.

**Note: Employment placement refers only to the level selected above.**

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| **If employed on program completion**  |
| Employer |       |
| Address |       |
| Contact number/email |       |
| Supervisor |       |
| Anticipated hire date |       |

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| **If waiting for a position offer complete anticipated information** |
| Employer |       |
| Address |       |
| Contact number/email |       |
| Supervisor |       |
| Anticipated hire date |       |
| No plans currently |       |

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| **If serving as a volunteer in lieu of a paid position** |
| Employer |       |
| Address |       |
| Contact number/email |       |
| Supervisor |       |
| Anticipated hire date |       |

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| **If continuing education or military service** |
| College name |       |
| Major |       |
| Military branch |       |
|       |       |
|       |       |