

JONES COUNTY JUNIOR COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
LPN TO RN OPTION EMPLOYER VERIFICATION FORM

Applicant Name: _____ JCJC Student ID#: _____

Social Security #: _____ - _____ - _____

LPN License #: _____ Telephone #: _____ - _____ - _____

Current Mailing Address: _____
_____ CITY _____ STATE _____ Zip _____

TO BE COMPLETED BY CURRENT/PREVIOUS EMPLOYER **VERIFYING MINIMUM OF ONE YEAR OF WORKING EXPERIENCE IN AN ACUTE CARE OR LONG-TERM CARE AGENCY** WITHIN THE LAST 3 YEARS. YOU SHOULD PROVIDE VERIFICATION IN THE ADDITIONAL SECTIONS IF MORE THAN ONE EMPLOYER IS NEEDED TO PROVIDE THE VERIFICATION OF THE MINIMUM ONE YEAR WORK EXPERIENCE.

Agency: _____

Address: _____

Telephone #: _____ - _____ - _____

Employment Dates: Hire Date: _____ End Date (If not currently employed): _____

Position/Responsibilities: _____

Printed Name: _____ Signature: _____

Title: _____ Date: _____

For multiple employers, continue on back.

TO BE COMPLETED BY CURRENT/PREVIOUS EMPLOYER **VERIFYING MINIMUM**

OF ONE YEAR OF WORKING EXPERIENCE IN AN ACUTE CARE OR LONG-TERM CARE AGENCY WITHIN THE LAST 3 YEARS.

Agency:

Address:

Telephone #: _____ - _____ - _____

Employment Dates: Hire Date: _____ End Date (If not currently employed): _____

Position/Responsibilities:

Printed Name: _____ Signature: _____

Title: _____ Date: _____

TO BE COMPLETED BY CURRENT/PREVIOUS EMPLOYER VERIFYING MINIMUM ONE YEAR OF WORKING EXPERIENCE IN AN ACUTE CARE OR LONG-TERM CARE AGENCY WITHIN THE LAST 3 YEARS

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