



Employer Verification Form

TO BE COMPLETED BY YOUR HR DEPARTMENT & RETURN TO
STUDENTACCOUNTS@ELMS.EDU

From: The Office of Graduate & Continuing Education Admission

Re: Verification of Employment for:

Employee Name (Student):

Employer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please accept this form as confirmation that:

Employee Name (Student):

Is a full-time employee of (Employer Name) _____

Since (Employee Start Date) _____ and currently, holds the title of:

If you have any questions or require further information, please do not hesitate to contact me at:

HR Employer Phone Number _____

Signature: _____

Print Name: _____

Employer Title: _____

Date: _____