

### Important Instructions for the Employment Verification Form (EVF)

Applicants to the LPN-RN Bridge program must document work experience. This Employment Verification Form (EVF) must contain **actual dates of employment and bear the signature of the applicant's supervisor.**\*

- Applicants must complete the top of the Employment Verification Form. No other document is acceptable. **The Applicant is then responsible for submitting the Form to CVCC before the deadline.**
- Applicants are responsible for emailing the Employment Verification Form to the appropriate individual who can verify (the "Verifier") the applicant's **actual dates of employment**. The Verifier should complete the lower portion of the Form. *This is not a personal "letter of recommendation"; it is only a verification of employment.*
- Applicant must use the Employment Verification Form included in the LPN – RN Bridge Admissions packet. No other document is acceptable.
- Military veterans may contact VA Representative on campus for additional information.
- For questions regarding the Employment Verification Form, please contact Benita Beard, Director of Nursing, at 828-327-7000, extension 4336, or [bbeard@cvcc.edu](mailto:bbeard@cvcc.edu).

\*Applicant's submission of the EVF grants permission for CVCC Nursing to contact the Verifier.

This Employment Verification Form must contain **actual dates of employment and bear the signature of the applicant's supervisor.\***

***To Be Completed & Submitted by the LPN-RN Bridge Applicant:***

Applicant Name: \_\_\_\_\_

Applicant e-mail address: \_\_\_\_\_

Applicant CVCC ID# \_\_\_\_\_

***Applicant: Email this form to your verifier.***

***To Be Completed by the Verifier of Applicant's employment history:***

Facility Name: \_\_\_\_\_

Actual Dates of employment (Example: 02-14-13 to 05-22-16/present):

From \_\_\_\_\_ to \_\_\_\_\_

Verifier's role/position in above facility: \_\_\_\_\_

Verifier's Name (printed): \_\_\_\_\_

Verifier's Email Address: \_\_\_\_\_

Verifier's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Verifier: Email this form back to the applicant.***

\*Applicant's submission of this document grants permission for CVCC Nursing to contact the Verifier.