

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.*** Military veterans may submit a copy of their DD-214 (Member-4) and a copy of their military transcript for evaluation of healthcare experience/training while serving in the military. If assistance is needed obtaining these documents, contact vabenefits@cvcc.edu.

- Applicants must complete the top of the Employment Verification Form.
- Applicants are responsible for providing 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.
- Applicants may submit multiple Employment Verification Forms if needed. It is the Applicant's responsibility to ensure the Employment Verification Form is completed by the Verifier. **The Applicant is then responsible for submitting the ECF to CVCC before the deadline.** Forms submitted after the deadline, or not submitted as directed by the packet, will not be considered.
- For questions regarding the Employment Verification Form, please contact Benita Beard, Director of Nursing, at 828-327-7000, extension 4336, or bbeard@cvcc.edu.

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

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

Applicant Name: _____

Applicant e-mail address: _____

Applicant CVCC ID# _____

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):

From _____ to _____

Verifier's role/position in above facility: _____

Verifier's Name (printed): _____

Verifier's Email Address: _____

Verifier's Signature: _____

Date: _____

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