

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

Nursing applicants will be awarded additional points for documentation of two (2) years (24 months) of *patient – oriented* healthcare experience. This Employment Verification Form 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](mailto: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 located online at the Nursing webpage. No other document is acceptable.
- Applicants may submit multiple Employment Verification Forms if needed, but the applicant's work history must amount to 2 years of patient-oriented healthcare experience.
- It is the Applicant's responsibility to ensure the Employment Verification Form is completed by the Verifier. **The Applicant is responsible for submitting the Form to CVCC before the deadline.** Forms submitted after the deadline or not submitted in accordance with the directions will not be considered.
- For questions regarding the Employment Verification Form, please contact Benita Beard, Director of Nursing, 828-327-7000, Ext. 4336.

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**To Be Completed and Submitted by the Nursing Program 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: 02-14-16 to 05-2-2019):

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.