

# VERIFICATION OF WORK EXPERIENCE

PLEASE RETURN TO YOUR ADVISOR FOR APPROVAL along with a copy of your resume.

Western Michigan University  
Kalamazoo, MI 49008-5322

THE INDIVIDUAL IDENTIFIED BELOW IS REQUESTING WORK EXPERIENCE VERIFICATION AT YOUR ESTABLISHMENT. PLEASE ASSIST THIS APPLICANT, WHO IS SEEKING MICHIGAN VOCATIONAL CERTIFICATION, BY COMPLETING THE FOLLOWING:

Name of Individual Requesting Work Verification \_\_\_\_\_ WMU WIN or Social Security (Last 4 digits) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Telephone Number of Applicant \_\_\_\_\_ E-Mail Address of Applicant \_\_\_\_\_

1. The individual named above worked for us from _____ to _____ month / year month / year	
2. The individual named above worked an average of _____ weeks during this period, averaging _____ hours per week, for a total of _____ hours.	
3. The job title of the applicant was/is: _____	
4. Please describe the job duties and tasks that the applicant performed: _____ _____ _____ _____ _____	
If the individual named above held more than one job title in your organization, please complete an additional "Verification of Work Experience" form.	
Name of Work Establishment _____	(Area Code) Telephone Number _____
Street Address _____	City _____ State _____ Zip _____
Signature of Verifying Official _____	Date _____ Position of Official _____