## **EMPLOYMENT VERIFICATION FORM**



## To be completed by the BCHS student:

Place of Employment:		
Address of Employer:		_
Dates of Employment:		
Brief description of employment:		
Year at BCHS: Freshman Sophomore Junior Senior		
Student Name (printed):		
Student Signature:	Date:	
To be completed by Employer/Employment Supervisor:		
Name of Employer/Supervisor (printed):		
Title of Employer/Supervisor:		
Signature of Employer/Supervisor:		

Submit completed form to: