



Employment Verification Request

LPN or Paramedic to Nursing Program

Instructions:

This form verifies required work experience for admission into the LPN or Paramedic to Nursing program. Complete the Applicant Information section and authorization, then send this document to the employer. The employer completes the Employer Information section and returns the form directly to Mid-State Technical College. If accessing this form digitally, use keyboard navigation (Tab/Shift+Tab) to move between fields and type directly where you see lines.

Applicant Information

Full Name: _____

Date: _____

Street Address: _____

City: _____

State: _____

ZIP Code: _____

Phone Number: _____

Email Address: _____

Employer Business Name: _____

Authorization to Release Employment Information

I authorize the employer listed above to release employment information to Mid-State Technical College for program admission review.

Applicant Signature: _____

Date Signed: _____

Employer Information (to be completed by employer)

Business Name: _____

Street Address: _____

City: _____

State: _____

ZIP Code: _____

Employment Start Date: _____

Employment End Date: End Date: _____ -OR- Present

Position or Job Title: _____

Job Description / Responsibilities: (describe or attach)

Average Hours Worked per Week: _____

Total Hours Worked: _____

Employer Verification

Name of Verifying Employer: _____

Title: _____

Signature: _____

Date: _____

Return Completed Form To

Yer Lee, Academic Advisor
Mid-State Technical College
1001 Centerpoint Drive
Stevens Point, WI 54481
Email: yer.lee@mstc.edu, Phone: 715-342-3127

Isabella Morgan, Academic Advisor
Mid-State Technical College
500 32nd St. N
Wisconsin Rapids, WI 54494
Email: Isabella.Morgan@mstc.edu, Phone: 715-422-5595

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