

## Verification of Employment

### A: TO BE COMPLETED BY THE WSU STUDENT

Your Full Legal Name: \_\_\_\_\_

Your Mailing Address (Street, City, State, Zip): \_\_\_\_\_

\_\_\_\_\_

Your Phone: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Your MyWSU ID: \_\_\_\_\_

Your Academic Program: \_\_\_\_\_

Organization in Which You Are Employed: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

### B: TO BE COMPLETED BY SUPERVISOR /EMPLOYER REPRESENTATIVE:

1. Please complete the sections B and C and sign.
2. Return the completed, signed hard copy in a sealed official school envelope to the Applicant **OR** email as attachment to [dyana.baca@wichita.edu](mailto:dyana.baca@wichita.edu). Coordinate submission with the applicant.

Name of Your Organization:

\_\_\_\_\_

Your Name: \_\_\_\_\_

Your Title \_\_\_\_\_

Organization's Mailing Address (Street, City, State, Zip): \_\_\_\_\_

\_\_\_\_\_

Your Phone: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

**C. VERIFICATION (TO BE COMPLETED BY SUPERVISOR/EMPLOYER REPRESENTATIVE)**

I verify the above applicant name in Section A is currently employed under contract or as an at will employee in our organization:

\_\_\_\_ Yes

\_\_\_\_ No

I verify the above applicant has successfully completed a Criminal Background Check that is on file with our organization:

\_\_\_\_ Yes

\_\_\_\_ No

Comments:

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\_\_\_\_\_  
Signature of Supervisor/Employer Representative

\_\_\_\_\_  
Date