NAME:	DATE OF BIRTH:
Directions: *Complete ONE FORM for <u>EACH employer</u> during the last 48 months (4 years).	
WORK EXPERIENCE INFORMATION:	
Employer:	
Start Date (mm/dd/yy):	
End Date (mm/dd/yy):	
Does your employer consider you full-time? Y	ES NO
How many HOURS do you work per WEEK? _	

REQUIRED DOCUMENTATION GUIDELINES:

You must provide an **EMPLOYMENT VERIFICATION LETTER** from each employer confirming employment and bring this to your first appointment. The following guidelines must be followed in order to process your application:

- 1. The document must be on a LETTERHEAD indicating it is an official document from your employer.
- 2. The document must include:
 - a. YOUR NAME
 - b. START DATE (month, day and year)
 - c. END DATE (month, day and year)
 - d. If you are FULL-TIME or not

DOCUMENTS TURNED IN WITHOUT THIS INFORMATION WILL NOT BE ACCEPTED.