

AU Career Services Name

Signature

	GRADUATE PLACEMENT VERIFICATION FORM	
	Student's Name:	Graduation Date:
	Program of Study:	Student ID
	Phone: Email:	
	EMPLOYMENT INFORMATION	
	Employer:	EIN#:
Part A	Job Title:	Job Start Date:
	Address:	
		Website:
		Supervisor's Email:
	Job Description (include job functions performed and how they relate to the graduate's education; attach document if necessary)	
	Job Type 1 (please select one): □Direct Hire	☐Self-Employment ☐Career Advancement
	Job Type 2 (please select one): ☐ Full Time	☐ Part Time ☐ Freelance / Project based
	Pay Rate: 🗀 Hriy. 🗀 Yriy. # Houi	rs per week: If Hourly, Annual Salary Calculation:
	Employer: Print Name/Signature	Graduate: Print Name/Signature
	 Date	Date
Part B	VERBAL EMPLOYMENT VERIFICATION	
	Party Providing Information:	
	☐ Employer	☐ Graduate
	Name:	Name:
	Title:	Title:
	Verification Method:	Verification Method:
	Phone/Email:	Phone/Email:
	Date Verified:	Date Verified:
	Verified by:	Verified by:
	☐ Comments:	
	FOR OFFICIAL USE BY THE UNIVERSITY ONLY	
S C		Placed:
Part		

**Date Employment Verified** 

Exhibit A