Important Instructions for the Optional Employment Verification Form (EVF)

Nursing applicants will be awarded additional points for documentation of two (2) years (24 months) of patient-oriented healthcare experience. This Employment Verification Form must contain actual dates of employment and bear the signature of the applicant’s supervisor.* Military veterans may submit a copy of their DD-214 (Member-4) and a copy of their military transcript for evaluation of healthcare experience/training while serving in the military. If assistance is needed obtaining these documents, contact vabenefits@cvcc.edu.

- Applicants must complete the top of the Employment Verification Form.

- Applicants are responsible for providing the Employment Verification Form to the appropriate individual who can verify (the “Verifier”) the applicant’s actual dates of employment. The Verifier should complete the lower portion of the Form. This is not a personal “letter of recommendation”; it is only a verification of employment.

- Applicant must use the Employment Verification Form included in the Nursing packet. No other document is acceptable.

- Applicants may submit multiple Employment Verification Forms if needed, but the applicant’s work history must amount to 2 years of patient-oriented healthcare experience.

- It is the Applicant’s responsibility to ensure the Employment Verification Form is completed by the Verifier. The Applicant is responsible for submitting the Form to CVCC before the deadline. Forms submitted after the deadline or not as directed by the packet will not be considered.

- For questions regarding the Employment Verification Form, please contact Benita Beard, Director of Nursing, at 828-327-7000, extension 4336, or bbeard@cvcc.edu.
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To Be Completed and Submitted by the Nursing Program Applicant:
Applicant Name: ________________________________________________________
Applicant e-mail address: _________________________________________________
Applicant CVCC ID# _____________________________________________________

To Be Completed by the Verifier of Applicant’s employment history:
Facility Name: ________________________________________________________

Actual Dates of employment (Example: 02-14-13 to 05-22-16):
From ___________________________ to  ____________________________
Verifier’s role/position in above facility: ________________________________
Verifier’s Name (printed): ______________________________________________
Verifier’s Email Address: _______________________________________________
Verifier’s Signature: ___________________________________________________
Date: ______________________

*Applicant’s submission of this document grants permission for CVCC Nursing to contact the Verifier.