

# Verification of Employment

Brooklyn Campus  
245 Clinton Avenue  
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631.687.4501

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GRADUATE PROGRAMS

To be considered for admission to one of the graduate programs, you must submit a signed letter from your current and/or past employer\* verifying your current title, dates of employment and describing your primary responsibilities (description should indicate substantial work experience involving supervision, program development, specialized training, considerable responsibility and/or independent judgment). This verification should appear on the employer's official stationery and be affixed to this form. The College reserves the right to contact current or past employers to clarify responsibilities.

(Please print)

Applicant's last name \_\_\_\_\_ First name \_\_\_\_\_

Address \_\_\_\_\_

Social Security No. \_\_\_\_\_

If you are currently employed:

Title \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_ Floor or suite \_\_\_\_\_

Town/city \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Supervisor \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_  
Area code \_\_\_\_\_ Number \_\_\_\_\_

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\*If you are not currently employed, or if your previous position had greater responsibility than does your current position, please also complete the section below.

Previous employer \_\_\_\_\_  
Title \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_ Floor or suite \_\_\_\_\_

Town/city \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Supervisor \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_  
Area code \_\_\_\_\_ Number \_\_\_\_\_