

**DALTON STATE COLLEGE
DEPARTMENT OF NURSING
RN-BSN**

EMPLOYMENT VERIFICATION FORM

A Verification of Employment Form must be submitted as part of the application process if the applicant graduated from an ASN or Diploma program more than four years ago and should be filled out by current and/or previous employers. This form should be scanned to Cheryl Nuckolls at cnuckolls@daltonstate.edu.

Name of Applicant _____

Facility Name _____

Address _____
(Street) (City/State) (Zip Code)

Dates Employed _____
(To) (From)

Position There _____

**I certify that _____ has completed 1000 hours of
(Applicant's Name)
practice within the past three years.**

Signature of Supervisor or Human Resources Representative

Date