



P.O. Box 1002
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Employment Verification Form

VERIFICATION THAT STUDENT/SCHOLAR WILL REPORT FOR WORK:

This is evidence of intent to hire for on-campus employment.

The student/scholar _____ will begin working on _____.
(Full Name of Student/Scholar) *(Date)*

VERIFICATION OF INTENT TO HIRE:

Nature of student/scholar's job and job description (e.g., wait staff, library aide, research assistant, etc.):

Number of Hours/Week: _____

Employer Identification Number (EIN)

On-Campus Employer (Name of Office)

Employer Telephone Number

Supervisor's Title

Supervisor's Full Name

Supervisor's Signature

Date