



Associate of Science in Nursing Bridge Pathway

Candidate Employment Verification

INSTRUCTIONS: It is your responsibility to complete this form completely and accurately and submit it by the deadline noted on the Program’s webpage. All statements herein are subject to verification. Incorrect statements, failure to answer all questions, or failure to meet deadlines may disqualify you from completing the application process. Answers must be printed or typed.

TO BE COMPLETED BY CANDIDATE:

Candidate Name: \_\_\_\_\_ Candidate STC ID #: \_\_\_\_\_

Candidate email address: \_\_\_\_\_ Candidate cell phone number: \_\_\_\_\_

My signature attest all the information I have provided is accurate and complete.

Candidate Signature: \_\_\_\_\_

TO BE COMPLETED BY HUMAN RESOURCES REPRESENTATIVE or DESIGNEE:

Company \_\_\_\_\_

Company Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

Position held by Candidate: \_\_\_\_\_

(For the candidate to be eligible for the program admission, the current position must require the candidate to hold a valid license as a practical nurse or paramedic. If candidate holds a position that does not reflect the title LPN or Licensed Paramedic, a job description validating the requirements of licensure must be included. On call hours do not count towards the total number of work hours).

Total Number of Hours Worked as a LPN or Licensed Paramedic at the above Facility during the previous 12 months: \_\_\_\_\_ Dates of candidate’s employment: \_\_\_\_\_ to \_\_\_\_\_. (Candidate must have worked at least 1,000 hours as an LPN or Licensed Paramedic during the previous 12 months).

If the above is not applicable, please indicate the number of hours the candidate has worked as a LPN or licensed Paramedic within the last 5 years. Applicant must have worked in a full-time capacity three (3) of the last five (5) years. Please indicate year and number of hours worked for the three (3) year time frame:

Year worked: \_\_\_\_\_ Total number of hours: \_\_\_\_\_ (must be a minimum of 1,000 hours/year)

Year worked: \_\_\_\_\_ Total number of hours: \_\_\_\_\_ (must be a minimum of 1,000 hours/year)

Year worked: \_\_\_\_\_ Total number of hours: \_\_\_\_\_ (must be a minimum of 1,000 hours/year)

Name and Title of Human Resource Representative Verifying Employment Status:

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Signature of above HR Representative: \_\_\_\_\_

**(Signature of HR Representative or designee must be verified by Notary Public, see next section)**

### NOTARY ACKNOWLEDGEMENT

Notary Public

\_\_\_\_\_ County, Georgia

I, \_\_\_\_\_, a Notary Public for said County and State, do hereby certify that  
\_\_\_\_\_ **(HR Representative or designee)** personally appeared before me on this day and  
acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public (Signature) \_\_\_\_\_ My Commission Expires \_\_\_\_\_, 20\_\_\_\_

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