



Trenholm State
COMMUNITY COLLEGE

EMPLOYMENT VERIFICATION FORM

Post Office Box 10048
Montgomery, AL 36108
Phone: (334) 420-4253 Fax: (334) 420-4482
Email: prollins@trenholmstate.edu

Name of applicant: _____

Name of Company/ Organization/ School	Beginning Date (M/D/Y)	Ending Date (M/D/Y)	Full-time or Part-time	Position(s)

EMPLOYEE:

I, _____ authorize the release of employment verification by my signature. My last 4 SS#: _____
Signature

EMPLOYER:

I hereby certify that the above listed experience is a true and correct copy of the records on file for the employee named above.

Signature

Title

Date

*Please fax or e-mail the completed form to the Office of Human Resources.