



CPT Employment Verification Form

Date _____ Student ID # _____

Name _____

Address _____

City, State, Zip _____

___ Full-Time Employment (more than 20 hours per week)

___ Part-Time Employment (less than 20 hours per week)

Employer

Name _____

Address (Physical Location) _____

City, State, Zip _____

Contact Person _____

Student's Position Title _____

Student's Position Description _____

Start Date _____ End Date _____ [Max. 364 days]

Student

Signature _____

Employer [Supervisor]

Signature _____