

COLLEGE CAREER & TECHNOLOGY ACADEMY Employment Verification

NAME OF APPLICANT _____

In order for the above named person to be eligible for early-release, this form needs to be completed by the authorized representative of the business employing the applicant.

The above named individual is employed at

Name of Business

Mailing Address City State Zip

Employment Information:

1) Full-Time

2) Part-Time

3) Job title/position _____

Hours the student is working: _____

YOU MAY ATTACH APPLICANT'S SCHEDULE ALONG WITH EMPLOYMENT VERIFICATION FORM

This is to certify that the above information is true and correct to the best of my knowledge.

Position/ Title _____ Contact number _____

Signature

Print Name

Please forward this form to: COLLEGE, CAREER AND
TECHNOLOGY ACADEMY
1100 E. BUSINESS HIGHWAY 83
PHARR, TEXAS 78577
TEL: (956) 784-8515
FAX: (956) 783-2870

THANK YOU FOR YOUR SUPPORT