

VERIFICATION OF MSW EMPLOYMENT

I _____ do hereby verify that
Supervisor/Managers Name

_____ was employed from
Applicants Name

_____/_____/_____/_____ to ____/____/_____/_____ at
Month Year Month Year

Agency/Organization

as a _____ full-time _____ part-time Clinical Social Worker.

If part-time, please indicate number of hours worked. _____

Signature

Date