



Crown Point High School Employment Verification Form

Student Name: _____ Cohort: _____

This form must be completed in it's entirety

1 Employer Section

Company/Employer Name: _____

Supervisor's Name: _____

Company/Employer Address: _____

Company/Employer Phone #: _____

Date Hired: _____

Is/Was the student in good standing as an employee? Yes No

Does/Did the student exhibit good employability skills? Yes No

Please provide any additional comments about this student (optional): _____

2 Student Section

Please provide a reflection of your work experience. Please include how your work experience has allowed you to demonstrate employability skills and any lessons you have learned from this work experience.

Student Signature: _____ Date: _____

Counselor Signature: _____ Date: _____