



CENTER FOR

# Career and Technical Personnel Preparation

104 Davis Hall  
570 South Eleventh Street  
Indiana, Pennsylvania 15705-1057

OCA Questions?  
Contact [jwilliam@iup.edu](mailto:jwilliam@iup.edu)

Phone: 724-357-4434  
Fax: 724-357-6200

## OCCUPATIONAL COMPETENCY ASSESSMENT VERIFICATION of OCCUPATIONAL EXPERIENCE

### Candidate Instructions:

- Enter your name, address, and phone number.
- Provide a copy of this form to each employer listed on your *Record of Occupational Experience*.
- Ask each employer to verify your work experience by following the "Employer Instructions" below.

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

### Employer Instructions:

The candidate whose name is listed above has indicated you are an employer who may be able to verify his or her occupational experience.

- Please complete the information requested below to verify the candidate's employment.
- If you prefer to submit a letter, please use your business letterhead and include all information requested below.
- Please return the form or letter to either the candidate requesting the information or to the IUP Center at the address above.

Candidate's job title \_\_\_\_\_

Employed From		Employed To		Total		Type of Employment		Hours worked per week (approx.)
Month	Year	Month	Year	Years	Months	Full-time	Part-Time	

**Description of duties and responsibilities:** Please provide specific details of the duties that the employee performed so a clear evaluation can be made of the candidate's occupational experiences. If you need extra space, please use the back of this form. The level of work performed beyond the learning period should be at the journeyman, master, expert, or senior position, but non-supervisory.

### Information Provided By:

Signature \_\_\_\_\_ Please print name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Name of company/business \_\_\_\_\_