



CENTER FOR

# Career and Technical Personnel Preparation

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## 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 directly to the IUP Center at the address listed at the top of the page.

Candidate's job title \_\_\_\_\_ Dates of employment \_\_\_\_\_

Type of employment \_\_\_\_\_ F/T \_\_\_\_\_ P/T Approximate number of hours worked per week \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Level of work performed:

Years	Months	
		Learning Level - Helper, trainee, apprentice, etc.
		Beyond Learning Level - Journeyman, master, expert, senior position
		Supervisory - Department head, foreman, section leader
		Other

**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.

### Information Provided By:

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

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

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