



3800 Michigan Avenue ~ Fort Myers, FL 33916 ~ 239-334-4544 ~ www.fortmyerstech.edu

FMTCAdmissions@LeeSchools.net

Professional Nursing (LPN-RN) Employment Verification Form

Applicant First Name: _____ Applicant Last Name: _____

Date of Birth: ___/___/___ Street Address _____

City: _____ State: _____ Zip Code: _____

I grant permission for disclosure of this information.

I waive my right to see the information in this Employment Verification Form.

Applicant Signature: _____ Date signed: ___/___/___

Please have a current medical employer send the Employment Verification Form directly to FMTC at the email or address above, Attention: LPN-RN Admissions

Please PRINT your responses.

Employer (Facility) Name: _____

Employer Street Address: _____ City: _____ Zip: _____

Type of Facility: Acute Long-Term Care (LTC) Assisted Living (ALF) Rehab Clinic

Person Completing Form – First Name: _____ Last Name: _____

Contact Information – Phone: _____ Email: _____

Relationship to Applicant: Current Employer Supervisor/Management Human Resources

Please provide the following regarding the applicant's employability:

First day worked: ___/___/___ Last day worked: ___/___/___ or Presently employed.

Eligible for rehire at your facility: Yes No

Number of days tardy or absent in the last 90 days _____.

Are there any disciplinary concerns about the applicant on file? (please describe)

Use an additional sheet for any further information.

This information is true to the best of my knowledge.

Employer Verification Signature: _____ Date signed: ___/___/___

Print Name: _____ Position/Title: _____