



**VERIFICATION OF OCCUPATIONAL EXPERIENCE (Non-Teaching)**

The Wisconsin Technical College System (WTCS) requires that all educational personnel be hired on the basis of their education and occupational experience. Please verify the following individual's employment as authorized below.

**AUTHORIZATION:** To be completed by **Applicant/Employee** and forwarded to Employer.

Print Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

I authorize my present/former employer to furnish Western Technical College with the information requested below.

Name of Present/Former Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYMENT RECORD:** To be completed by **Employer** and returned to Western Technical College.

The above named individual is/was employed by our organization:	
From: (MM/DD/YYYY) _____	To: (MM/DD/YYYY) _____
The employee is/was employed <b>Full-Time:</b> For _____ hours per week for _____ weeks. Total number of Full-Time hours employed to date: _____	The employee is/was employed <b>Part-Time:</b> For _____ hours per week for _____ weeks. Total number of Part-Time hours employed to date: _____
<b>Job Title or Classification:</b>	
List Primary Job Duties: (Attach position description if available)	Percentage of Time:
_____	_____
_____	_____
_____	_____

**VERIFICATION:** Employer verifies information and returns form to Western Technical College.

Company Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Return Completed Form to:**

**Western Technical College**  
**Attn: Human Resources**  
**400 7<sup>th</sup> Street North**  
**La Crosse, WI 54601**  
**Fax: 608-789-4708**

**Attention:**  
**Sarah Jackson**  
**608-789-6253**  
[jacksons@westerntc.edu](mailto:jacksons@westerntc.edu)