



**MASTER of PROFESSIONAL STUDIES (M.Pr.S.)
Job Verification Notification**

I. Applicant Information: TO BE COMPLETED BY APPLICANT

Full Name: _____

First Middle Last

Mailing address: _____

Street City State Zip Code

E-mail address: _____ Phone number: _____

I authorize the Office of Professional & Interdisciplinary Studies at the University of North Alabama to verify my employment history.

Signature

SECTION II AND SECTION III BELOW ARE TO BE COMPLETED BY THE EMPLOYER.

**PLEASE DO NOT RETURN THIS FORM TO THE APPLICANT.
FORMS WILL BE ACCEPTED BY THE FOLLOWING:**

E-mail: mps@una.edu

Mail: Department of Professional and Interdisciplinary Studies
UNA Box 5168
Florence, AL 35632-0001

II. Employment Information: _____

Name of Company/Organization

From: Month/Date/Year	To: Month/Date/Year	Number of years Employed Full-time	Position(s) Held

Additional comments: _____

III. I verify that all of the above information pertaining to this individual is true and correct:

Signature of Employer

Date

Printed Name

E-mail address

Positional Held

Telephone number