



Departamento de Colocaciones / Placement Department
Verificación de Empleo / Employment Verification

Graduate Information:

(Information provided for the student)

Name: _____

Cell Phone: _____ Email: _____

Start Date: _____ Program: _____

Employment Information:

(Please provide the following information for the above named graduate of Bayamón Community College)

Company Name: _____

Company Address: _____

Company Telephone: _____ Email: _____

Supervisor Name: _____ Title: _____

Employee's Title/Position: _____ Rate: _____ Hire/Start Date: _____

List of Job Duties (or attach job description):

Multiple horizontal lines for listing job duties.

Signature of Company Representative/Supervisor: _____ Date: _____

Signature of Graduate: _____ Date: _____

Signature Placement Officer: _____ Date: _____

Please return to: kperez@bccpr.org