

CAREER ADVANCEMENT PROGRAM

Employment Verification



According to the program guidelines, the employer is required to submit annual verification of employee's employment for three years after utilizing the program. If employee's status changes or their employment with the approved employer is terminated for any reason (other than death or disability) before the end of the commitment period, the employee must pay back 100% of the reimbursement received.

EMPLOYEE INFORMATION

Name of Employee:	FOR INTERNAL USE ONLY
Position:	Year 1:
Course(s) approved:	Year 2:
Date of Completion	Year 3:

YEAR 1 EMPLOYMENT VERIFICATION

I hereby declare that this employee is still employed full-time (32+ hours).

Authorized Signature: _____

Printed Name: _____

Title: _____

Date: _____

YEAR 2 EMPLOYMENT VERIFICATION

I hereby declare that this employee is still employed full-time (32+ hours).

Authorized Signature: _____

Printed Name: _____

Title: _____

Date: _____

YEAR 3 EMPLOYMENT VERIFICATION

I hereby declare that this employee is still employed full-time (32+ hours).

Authorized Signature: _____

Printed Name: _____

Title: _____

Date: _____

All program requirements have been met and the applicant has been released from further obligation.

Bowman County Development Corporation: _____ Date: _____