



Finger Lakes Health College of Nursing and Health Sciences

Student Employment Attestation

Student Information

Graduate's Name (please print): \_\_\_\_\_

Program Completed (RN, LPN, Surgical Technology): \_\_\_\_\_

Month/Year of graduation: \_\_\_\_\_

Employment Information

Employer Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employment start date: \_\_\_\_\_

Check this box if you have not chosen to accept employment in your field please provide the information as to why:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This letter serves as attestation of the above job placement for the student listed above, as verified by the student's signature below.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Office Use Only:

Initial and date

\_\_\_\_\_ Received \_\_\_\_\_

\_\_\_\_\_ Entered into system \_\_\_\_\_

\_\_\_\_\_ Scanned into folder \_\_\_\_\_