



## Saddleback College Nursing Program

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

### RE: Saddleback College Nursing Application (Employment Verification)

Dear Enrollment Management Committee,

\_\_\_\_\_ has been working at \_\_\_\_\_ located at  
(Employee First & Last Name) (Name of Organization)

\_\_\_\_\_ as a \_\_\_\_\_ since \_\_\_\_\_.  
(Address of Organization) (Employee Job Title) (Start/End Date)

Sincerely,

(Manager/HR Signature)

\_\_\_\_\_  
(First & Last Name, Title)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Email Address)

\_\_\_\_\_