



ADULT PROGRAM – VALIDATION OF PAID WORK EXPERIENCE

Applicant Directions:

Please sign the “**Release of Information**” section of this form and request that your employer complete the “**Validation of Paid Work Experience**” section. Use separate sheets for each employer. You may make copy of this form if necessary.

Date: _____	Program: _____	
Name: _____		
Last	First	Middle

Release of Information	
I give my permission for my present/previous employer to release information concerning my employment background.	
_____	_____
Applicant Signature	Date

Validation of Paid Work Experience	
Employed from: _____	to: _____
Average Hours Worked: _____ per week	

Employee Job Title	

Employer/Supervisor Signature & Title	

Company/Agency Name & Phone Number	

Please return completed form to:

Metro Technology Centers
Student Services Division
1900 Springlake Drive
Oklahoma City, OK 73111-5238