



CENTER FOR

Career and Technical Personnel Preparation

216 Zink Hall
1190 Maple Street
Indiana, Pennsylvania 15705-1057

OCA Questions?
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OCCUPATIONAL COMPETENCY ASSESSMENT VERIFICATION of OCCUPATIONAL EXPERIENCE

Candidate Instructions:

- Enter your name, address, and phone number.
- Provide a copy of this form to each employer listed on your *Record of Occupational Experience*.
- Ask each employer to verify your work experience by following the "Employer Instructions" below.

Name _____ Phone number _____

Street Address _____

City, State, Zip _____

Employer Instructions:

The candidate whose name is listed above has indicated you are an employer who may be able to verify his or her occupational experience.

- Please complete the information requested below to verify the candidate's employment.
- If you prefer to submit a letter, please use your business letterhead and include all information requested below.
- Please return the form or letter to either the candidate requesting the information or to the IUP Center at the address above.

Candidate's job title _____

| <i>Employed From</i> | | <i>Employed To</i> | | <i>Total</i> | | <i>Type of Employment</i> | | Hours worked per week (approx.) |
|----------------------|------|--------------------|------|--------------|--------|---------------------------|-----------|---------------------------------|
| Month | Year | Month | Year | Years | Months | Full-time | Part-Time | |
| | | | | | | | | |

Description of duties and responsibilities: Please provide specific details of the duties that the employee performed so a clear evaluation can be made of the candidate's occupational experiences. If you need extra space, please use the back of this form. The level of work performed beyond the learning period should be at the journeyman, master, expert, or senior position, but non-supervisory.

Information Provided By:

Signature _____ Please print name _____

Title _____ Date _____

Telephone _____ Email _____

Name of company/business _____