



1095 K St., Ste. B, San Diego, California 92101 Tel: (619) 934-0797 www.sdgku.edu

Employment Status

Name of Graduate (First and Last): _____

Telephone #: _____

E-mail: _____

Name of Program: _____

Program Start Date (mm/yy): _____

Graduation Date (mm/yy): _____

Employment Status:	Full-Time (Hrs per WK:30-40)	Part-Time (Hrs per WK:20-29)	Unemployed
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If you are unemployed and not seeking employment, tell us why? **Please include any reason that would prevent you from working or seeking work. These reasons may include continuing education.**

Name of Company: _____

Company Street Address: _____

Company Website URL: _____

Job Title: _____

Job Description: _____

Date Employment Began (dd/mm/yyyy): _____

Fill-in the name and contact information for a point of contact at your place of employment that will be responsible for verifying your employment.

Point of Contact Name (First and Last): _____

Point of Contact Phone # & E-mail: _____

A handwritten signature in black ink, appearing to read "B. Phuttop" or a similar variation.

Signature of Graduate

Date