



Departamento de Colocaciones / Placement Department
Verificación de Empleo / Employment Verification

Graduate Information:

Start Date: _____ Graduate Date: _____ Group: _____

Name: _____ Program: _____

Cell Phone: _____ Email: _____

(e-mail must be a current / active and non-school e-mail address where we can reach you after graduation)

Employment Information:

Please provide the following information for the above named graduate of Bayamón Community College

Company Name: _____

Company Address: _____

Company Telephone: _____ other: _____

Fax: _____ Email: _____

Employee's Title/Position: _____

Rate Hour: _____ Hire/Start Date: _____

List of Job Duties (or attach job description):

Supervisor Name: _____ Title: _____

Signature of Supervisor/Company Representative: _____ Date: _____

Signature of Graduate: _____ Date: _____

Signature Placement Officer: _____ Date: _____

Please return to: **PO BOX 55176 BAYAMON, P.R. 00960** or email: brendalizbarreto@bccpr.org