

Practical Nursing	Medical Assisting	Pharmacy Technology Diploma	Radiologic Technology	Respiratory Care	Paramedicine	Pre-hospital EMS Operations
___ Fall 2017 <small>South Campus (Dublin)</small> ___ Spring 2018 <small>South Campus (Dublin)</small>	___ Fall 2017 <small>South Campus (Dublin)</small> ___ Spring 2018 <small>South Campus (Dublin)</small>	___ Fall 2017 <small>South Campus (Dublin)</small> Pharmacy Technology Degree ___ Fall 2017 <small>South Campus (Dublin)</small>	___ Spring 2018 <small>South Campus (Dublin)</small>	___ Fall 2017 <small>South Campus (Dublin)</small>	___ Fall 2017 <small>South Campus (Dublin)</small> EMS Professions ___ Fall 2017 <small>North & South Campuses</small>	___ Summer 2017 <small>North & South Campuses</small> ___ Fall 2017 <small>North & South Campuses</small>

IMPORTANT: Use a <u>SEPARATE form</u> for EACH employer	MAIL HERE ___	MAIL HERE ___
	Oconee Fall Line Technical College ATTN: Admissions Office South Campus 560 Pinehill Road Dublin, GA 31021 Fax 800.373.4783	Oconee Fall Line Technical College ATTN: Admissions Office North Campus 1189 Deepstep Rd Sandersville, GA 31082 Fax 800.373.4783

Student's Name _____ Student ID No. 900 _____

I certify that the above named person has been employed by this facility as a **full-time, paid** employee. "Bonus" points equaling one point for each quarter (3 months) of work experience directly related to the program of study will be awarded, up to a maximum of 5 (five) bonus points. Only work experience from the past five years will be considered for bonus points.

Employer, please list major duties and dates (month/year) of employment for each position held. ***If the individual is still employed, please write "still employed"*** as the end date (If information is incomplete, no bonus points will be awarded. Additional space is provided in the event the employee held more than one position in the company.)

(1) HIRE DATE / END DATE: _____ POSITION/JOB TITLE: _____
 Duties: _____

(2) HIRE DATE / END DATE: _____ POSITION/JOB TITLE: _____
 Duties: _____

(3) HIRE DATE / END DATE: _____ POSITION/JOB TITLE: _____
 Duties: _____

Name of Person completing this form (Please print) _____ Position/Job Title _____

Signature of Person completing this form _____ Business Address _____

Date _____ City _____ State _____ Zip _____

Name of Business _____ Phone _____

Oconee Fall Line Technical College is a unit of the Technical College System of Georgia and an Equal Opportunity Institution. Updated 3/23/17