COLLEGE OF CRIMINAL JUSTICE

Criminal Justice Work-Based Mentorship Program

CJCB 4083: Criminal Justice Career Development and Mentorship

EMPLOYMENT VERIFICATION FORM

This form must be completed and signed by the student's current supervisor or an authorized employer representative.

STUDENT INFORMATION

Student Name		**SHSU Student ID**	
Degree Program	[ ] BAAS [ ] BA [ ] BS		
Semester/Term	[ ] Fall [ ] Spring [ ] Summer Year: _____		
Requested Credit Hours	[ ] 3 [ ] 6 [ ] 9 [ ] 12		

EMPLOYER/AGENCY INFORMATION

Agency/Organization Name	
Supervisor/Employer	
Supervisor Title	
Supervisor Email	
Supervisor Phone	

EMPLOYMENT DETAILS

Student Position Title	
Employment Start Date	
Employment Status	[ ] Full-time [ ] Part-time [ ] Other: _____

EMPLOYER VERIFICATION AND ACKNOWLEDGMENT

By signing below, I verify that the student named above is currently employed with the agency/organization listed above. I acknowledge that the student is seeking to use their current employment as the basis for academic credit in CJCB 4083: Criminal Justice Career Development and Mentorship. I understand that this form verifies employment only and does not require the agency/organization to provide a separate internship placement or additional supervision beyond the student's regular employment. If the student's employment ends or substantially changes during the approved semester, I will notify Dr. Jared Sorensen, Work-Based Mentorship Program Coordinator, at cjpathways@shsu.edu.

SUPERVISOR/EMPLOYER REPRESENTATIVE SIGNATURE

Printed Name	
Signature	
Date	