



# Employment Verification Form

**Boston University** School of Social Work

## MSW Program Human Service Experience Track

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The applicant named below is being considered for admission to the Boston University School of Social Work MSW Program – Human Service Experience Track. This track is available to individuals with at least two years' full-time, paid human service or social work experience (post-bachelor's degree). Applicants must also have received **weekly** supervision provided by a **master's-level supervisor** for a minimum of 2 years. Please review the specific requirements in more detail [here](#).

The applicant has listed you or your organization as a current or former place of employment. In accordance with the release signed by the applicant below, please provide the information requested and return this form to us by emailing it to [busswad@bu.edu](mailto:busswad@bu.edu) or giving back to the applicant so they can upload it to their application.

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### To be completed by the Applicant:

Please note that one of the three reference letters must be from a human services job supervisor who will complete the reference form and can be available for a telephone interview if necessary.

Name of Applicant (Please print) \_\_\_\_\_

Current or Former Place of Employment \_\_\_\_\_

Employer Contact Name \_\_\_\_\_

Employer Contact Email and/or Fax \_\_\_\_\_

### Applicant's Authorization

By submitting this application, I authorize Boston University to verify any information contained in this application or presented in support of this application, including verification of previous or present employment and I authorize any previous or current employer listed on this application to release such information to BU in connection with this application.

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Applicant's Signature

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Date

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## To be completed by the Employer:

Organization/Agency Name \_\_\_\_\_

Organization/Agency Address \_\_\_\_\_

Company Phone \_\_\_\_\_

Date(s) of Employment \_\_\_\_\_

Position(s) Held \_\_\_\_\_

Paid position? \_\_\_\_ YES \_\_\_\_ NO

## Supervision Information

Employment Supervisor Name and Title (Please Print) \_\_\_\_\_

Highest Academic Level Achieved \_\_\_\_\_ Type of Degree \_\_\_\_\_

Preferred Phone \_\_\_\_\_ Best time to be reached \_\_\_\_\_

Email \_\_\_\_\_

Supervision Start date (Month/Year) \_\_\_\_\_ Supervision End date (if applicable): (Month/Year) \_\_\_\_\_

Was weekly supervision provided? \_\_\_\_ YES \_\_\_\_ NO

If not, how often was the employee supervised? \_\_\_\_\_  
(for example: bi-weekly, monthly, bi-monthly)

Description of Applicant's Duties:

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Please rate the applicant in each of the following areas:

	Excellent	Good	Average	Below Average	Poor
Job Skill					
Initiative					
Attendance					
Conduct					

Would you rehire this individual? \_\_\_\_ YES \_\_\_\_ NO

Signature \_\_\_\_\_

Date \_\_\_\_\_