**FORM WE-1: WORK EXPERIENCE DOCUMENTATION FORM**

**To be completed by the student:**

Student’s Name   
 First Middle Last

Street Address

City , CT Zip Phone:

Job Title

Length of Time in Present Job: From: To: Hours/week

Job Description:

Name of Company

Attention to

Street Address

City , CT Zip Phone:

Student Signature: Date:

**To be completed by the employer:**

Name of Employer

The student listed above has been employed hours per week since

and is  still employed  left employment on

Signature of Employer

For Office Use Only:

Approved by: Credits Awarded 1  2  Date: