

3831 HARLEM ROAD | BUFFALO, NY 14215 | P: 716-995-6300 | F: 716-995-6305 | WWW.8DDSNY.ORG

**Eighth District Dental Society**

**Student Loan Award Program**

**Employment Verification Form**

The Eighth District Dental Society requests the below employment information as part of our Student Loan Award Program. Please complete this form and return to us at:

Eighth District Dental Society; ATTN: Student Loan Award Program; 3831 Harlem Rd; Buffalo, NY 14215

**Applicant Information** *\*to be completed by applicant*

First Name: Middle Initial: Last Name:

Address:

City: State: Zip:

Email:

Home Phone: Cell Phone:

My signature below serves as authorization to release information regarding my employment as requested below.

Signature of Applicant Date

**TO BE COMPLETED BY EMPLOYER**

Business Name:

Owner Name:

Business Address:

City: State: Zip:

Business Phone: Email:

Please answer the following questions as they pertain to the above-named applicant:

Job Title:

Hire Date: Average number of hours worked per week:

Is the above-named currently working for you? YES NO If no, when did employment end:

How would you rate this applicant as a responsible and conscientious professional and employee? Please explain:

To what degree do you as an employer anticipate this applicant’s professional career path and leadership qualities progressing? Please explain:

Please describe your overall impression of the applicant:

Print Name/Title of Person Completing This Form

Signature of Person Completing This Form Date