

CCP Employment Verification Form

Current Employer: _____

Applicant Name: _____

Address: _____

Telephone #: _____

Dates Employed From: _____ To: _____

Duties Performed: _____

To the best of my knowledge I hereby attest that the above information is true and correct.

Name of person supplying verification (please print): _____

Title: _____

Email: _____ Telephone #: _____

Signature: _____ Date: _____

You may be contacted by the BCCB to confirm and verify the information provided.

Please email this form to: certification@bcxa.org

Or mail:

BCCB

1600 NE Compton Drive, Suite 200

Hillsboro, OR 97006

CCP EMPLOYEE VERIFICATION FORM

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