

OCCUPATIONAL GRADUATE EMPLOYMENT RECORD

Name of School _____

Address _____

Telephone number: () _____

Please list at least nine students who will attest to the fact that they found employment in the area of their training. Include at least two students who will verify that the school has been operating for at least two years (CFR 21.4254).

Student name and phone number	Employer name and phone number	Date Training Started	Date Training Completed	Date Employed

SUBMIT TO: Workforce Training and Education Coordinating Board
 128 – 10th Avenue SW, 6th floor
 PO Box 43105
 Olympia, WA 98504-3105