



ETA® International Employer Verification Form

Employer Information

Date: _____

EMPLOYEE NAME: _____

SUPERVISOR NAME: _____ TITLE: _____

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

YEARS ON THE JOB: _____ ON THE JOB TRAINING: YES NOJOB FUNCTIONS IN AREA OF CERTIFICATION(S):

_____ADDITIONAL COMMENTS:

Supervisor Signature _____ Date _____

Please mail or fax all documentation to:

ETA International
5 Depot Street
Greencastle, Indiana 46135
Fax: (765) 653-4287

*If you have any questions, please contact ETA at (800) 288-3824**Please allow four weeks for processing of documentation.*.....
For Office Use Only: Contact Hours Empl. Ver. Fee New Cert Need to Contact Other: _____