



# Placement Verification Form

5110 E. 5<sup>th</sup> Street  
Tucson, AZ 85711  
520.514.PURE

## Graduate Placement Information

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Name

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Address

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City:

State/ Zip

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Phone Number

Email

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Class Date Start

Program(s) of Study

## Employment Report

- Employed full time (working/ worked) full time, for a minimum of 30 days)
- Temporarily employed (working/ worked) a minimum of 30 days within 3 consecutive months)
- Employed part time (working/ worked) a minimum of 30 days within 3 consecutive months)
- Self-employed (working/ worked) as a consultant in field related to training)
- Continuing employment (promotion, increased salary, etc. from employer as a result of training)
- Temporarily unavailable for employment
- Not employed in the field of aesthetics

If unavailable for employment, or not employed in the field of aesthetics, please explain:

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Employer

Supervisor

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Address

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City:

State/ Zip

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Starting Salary

Position/ Title

Verified proof of graduates' employment is necessary for the institution to maintain accreditation. This information will be used for statistical purposes. By signing this survey, I hereby acknowledge that the information I provided on this survey is accurate.

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Signature