



6120 Earle Brown Drive  
Suite #200  
Brooklyn Center, MN 55430

763.656.2800  
Fax: 763.270.5263  
mn.insightschools.net

# Employment Verification Form

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

Average hours per week: \_\_\_\_\_ Typical days worked: M T W TH F S Su

Type of Employment (Circle one): Temporary Seasonal Part-Time Full-Time

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone/ Work phone

Email: \_\_\_\_\_

By completing this form, you understand that the above-mentioned student is a full-time student at Insight School of Minnesota where students are required to participate in live class sessions Monday-Friday and participate in school 6 hours total per day, Monday through Friday.

Employer Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you in advance for your assistance. This information will be treated confidentially and will be used only for the purpose of verifying information for the student's educational benefit. Please fax or email the information back to us as soon as possible. If you are unable to complete this form or have questions, **please contact me at [ahalverson@k12insightmn.org](mailto:ahalverson@k12insightmn.org) or 763-656-2800 x2003**

Sincerely,

Samantha Etim  
School Counselor  
setim@k12insightmn.org