



CALIFORNIA CAREER COLLEGE
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PLACEMENT CONFIRMATION

Today's Date: _____
Student Name: _____
Social Security Number: _____
Home Address: _____

Program Completed: _____
Place of Employment: _____
Business Address: _____

Business Phone Number: _____
Job Title or Position: _____
Supervisor's Name: _____
Wage Per Hour: _____
Date Employed: _____

	Yes	No
Employed in field related to training	_____	_____
Employed in field not related to training	_____	_____
Studying for NCLEX	_____	_____
Continuing full-time school	_____	_____
Working at home	_____	_____
Unemployed	_____	_____
Other (Please Explain Below)	_____	_____
