



VERIFICATION OF TEACHING OR WORK EXPERIENCE

Applicant Use Only

Applicant Name _____ Birth Date _____

License _____ Email _____ Phone _____

Employer Use Only

The applicant is requesting you provide our office with verification of their teaching and/or work experience with your company or school/school district. Please complete all applicable areas below.

Name of Company/School _____

Address of Company/School _____

Employed from _____ to _____ Phone number _____
mm/yyyy mm/yyyy

For TEACHING Experience Only

Only full-time, licensed teaching experience at a public, private or DOD school shall be considered.

Subject(s) Taught _____ Grade(s) _____ % FTE _____

For WORK Experience Only (Use for Business & Industry or CTE licenses only)

If self-employed, attach evidence of self-employment, e.g. tax records, and a copy of your state business or professional license.

Applicant's Job Title _____ Self-Employed Yes No

Specific job functions and responsibilities

Applicant was employed Full time (40 hours per week) Part time _____ hours per week.

Certification of Employer

I certify that the foregoing information is true and correct to the best of my knowledge.

Signature _____ Date _____

Printed Name _____ Title _____

Email _____ Phone _____