



Instructions to Employer: This form is used by the employer to verify the employment experience of an applicant for licensure. As an authorized signatory, you may only verify employment or subcontracted experience within your own district or entity. Do not sign to verify experience obtained elsewhere.

Provide this form to the applicant for licensure upon completion.

I. APPLICANT INFORMATION

License Applicant Legal First Name _____ Middle Initial _____

Legal Last Name _____ SSN Last 4 Digits Only _____

II. EMPLOYMENT HISTORY

Complete a separate line in the area provided below for each assignment and school year:

Start Date MM/DD/YYYY	End Date MM/DD/YYYY	FTE Example: 1.0 or .25	Position	Type of Assignment	Grades Served	Subject or Position
			<input type="checkbox"/> Teacher <input type="checkbox"/> Pupil Services <input type="checkbox"/> Administrator <input type="checkbox"/> Aide <input type="checkbox"/> Other:	<input type="checkbox"/> Regular <input type="checkbox"/> Short-term Sub. <input type="checkbox"/> Long Term Sub.		
			<input type="checkbox"/> Teacher <input type="checkbox"/> Pupil Services <input type="checkbox"/> Administrator <input type="checkbox"/> Aide <input type="checkbox"/> Other:	<input type="checkbox"/> Regular <input type="checkbox"/> Short-term Sub. <input type="checkbox"/> Long Term Sub.		
			<input type="checkbox"/> Teacher <input type="checkbox"/> Pupil Services <input type="checkbox"/> Administrator <input type="checkbox"/> Aide <input type="checkbox"/> Other:	<input type="checkbox"/> Regular <input type="checkbox"/> Short-term Sub. <input type="checkbox"/> Long Term Sub.		

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III. EMPLOYMENT VERIFICATION

All experience listed above was attained at my educational entity. To the best of my knowledge, the information is accurate and all education employment listed was successfully completed.

Educational Entity Name _____ Exceptions, Limitations, or Other Comments _____

Street Address _____ City _____ State ____ Zip Code _____

Authorized Signator's Information: First and Last Name (Type or print legibly) _____ Title _____

Telephone Number (incl. Area Code) _____ Email Address _____

Signature _____ Date Signed _____