| Prior Employment Verification for school: Teachers, Service Providers and Administrators | | | | | |
| --- | --- | --- | --- | --- | --- |
| The purpose of this form is to verify school-based employment experience for the individual named below. The employee/applicant must complete Section I, then forward this form to their employment verification official to complete Section II. | | | | | |
| TO BE COMPLETED BY EMPLOYEE | | | | | |
| Employee full name: |  | | | | |
| Maiden or other name(s): |  | | | | |
| SSN: |  | | D.O.B. |  | |
| Mailing address: |  | | | | |
| Email address: |  | | | Phone #: |  |
| **Name of school where employment**  **was completed** | | **Position Title (i.e., teacher, counselor, principal, etc.)** | | **Subject area/Grade** | |
|  | |  | |  | |
| I hereby authorize the OSSE to share or obtain any information regarding this form with a former, current, potential employing agency, or other licensing body/agency for use in my application process. I also certify that the information listed on this form is accurate, complete and true. I understand that any finding of misrepresentation may result in the denial and/or revocation of my application and/or license. | | | | | |
| **Employee signature:** | | | | **Date:** | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TO BE COMPLETED BY EMPLOYING AGENCY’S VERIFICATION OFFICIAL | | | | | | | | |
| Please verify employment experience for the employee named above. Once completed, this form should be returned to the employee to be submitted with their application. If your agency issues a system-generated employment verification report that may report be submitted in lieu of this form. | | | | | | | | |
| Name of school district: |  | | | | | | | |
| Name of school where employed: |  | | | | | | | |
| School type: | Public | | Public Charter | Private | | Other: | | |
| Is the School accredited: | Yes  No | | | | | | | |
| Employee employment type: | Full-time  Part-time If part-time, how many hours per week: | | | | | | | |
| Services rendered were: | Satisfactory  Unsatisfactory  Other: | | | | | | | |
| **Position title** | | **Subject/assignment area** | | | **Grade level** | | **Start date** | **End date** |
|  | |  | | |  | |  |  |
|  | |  | | |  | |  |  |
|  | |  | | |  | |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signature of verifying official** | **Printed name** | | **Position/Title** | |
|  |  | |  | |
| **Email address** | | **Contact telephone number** | | **Date signed** |
|  | |  | |  |