| 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** |
|  |  |  |