



### 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.

#### I. TO BE COMPLETED BY EMPLOYEE

Employee full name:			
Maiden or other name(s):			
SSN:		D.O.B.	
Mailing address:			
Email address:		Phone #:	
<b>Name of school where employment was completed</b>		<b>Position Title (i.e., teacher, counselor, principal, etc.)</b>	<b>Subject area/Grade</b>
<p>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.</p>			
Employee signature:		Date:	

#### II. 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:	<input type="checkbox"/> Public	<input type="checkbox"/> Public Charter	<input type="checkbox"/> Private <input type="checkbox"/> Other:
Is the School accredited:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Employee employment type:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	If part-time, how many hours per week:
Services rendered were:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Other:
<b>Position title</b>	<b>Subject/assignment area</b>	<b>Grade level</b>	<b>Start date</b>
			<b>End date</b>

**Prior Employment Verification continued**

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