



Employment Verification for Teachers, School Service Providers, and Administrators

This form must be completed by an employing official in the Office of Human Resources at the appropriate public or nonpublic school division and must contain all original signatures where required (a copy of the school district's official employment record may be submitted in lieu of this form). Once completed by the appropriate official, this form should be returned to the applicant sealed in an official agency envelope. The applicant must then submit the sealed envelope along with other required documentation to apply for a District of Columbia license.

TO BE COMPLETED BY APPLICANT

Employee Last Name	Employee First Name	M.I.	SSN
			____/____/____
Maiden name(s) or other names used	Date of Birth		Gender
	____/____/____		<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address	City and State	Zip code	Contact numbers
			Daytime:
			Evening:
Name of School	City/State	Position title	Subject(s) and grade level taught

Applicant consent and affirmation

By checking this box, I hereby authorize the OSSE to share or obtain any information regarding this application with a previous, current, potential employer, or other licensing entity for use in this application process.

By my signature, I 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/certificate.

Applicant Signature Date

EMPLOYER VERIFICATION - (To be completed by Authorized official in the employing agency's Office of Human Resources / Personnel.)

Name of School District / County / Parish, etc.			Type of School	
			<input type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Private	
Name of School where employed	Is the school accredited?	Position title (e.g. teacher, counselor, principal, etc.)	Subject and grade level taught	Start month/year - Ending month/year
1)	<input type="checkbox"/> YES <input type="checkbox"/> NO			
2)	<input type="checkbox"/> YES <input type="checkbox"/> NO			
The employee named on this form has completed ____ yrs ____ months of full-time K-12 school based teaching experience (not substitute experience).				
The employee named on this form has completed ____ yrs ____ months of full-time K-12 school based pupil services work experience.				
The employee named on this form has completed ____ yrs ____ months of full-time K-12 school based administrator work experience.				
You would rate the employment services provided by this employee as: <input type="checkbox"/> Superior <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not known				
Signature of Verifying Official	Print Name	Position Title	Contact number	

Once completed by the School District Employing Official, Human Resources rep. or other certifying official, this form MUST be mailed back to the applicant sealed in an agency envelope. This form MUST bear all original signatures. Photocopies will not be accepted.