



DISTRICT OF COLUMBIA

OFFICE OF THE STATE SUPERINTENDENT OF

**EDUCATION****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>	
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:	

**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