



DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

OSSE Adult Educator Scholarship Program Employment Verification Form

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ (work) _____ (cell)

Email Address: _____

Agency/Program Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ (work) _____ (cell)

Current title/position: _____

Full-time _____ Part-Time _____ Volunteer _____ OSSE Funded position: Yes _____ No _____

How long have you been working in this position? _____ (number of years/months)

Have you worked in other positions in the agency? Yes _____ No _____

If yes, please list the other positions that you have held: _____

Employee's Signature _____ Date

Supervisor's Name: _____

Supervisor's Phone Number: _____ Email Address: _____

Supervisor's Signature _____ Date

Be sure to answer every question before signing.