

# GENERAL OCCUPATIONAL EXPERIENCE VERIFICATION FORM

*Applicant: One of the requirements for granting a credential to teach Career and Technical Education is the verification of successful non-teaching occupational experience (see Guidelines page for teaching exception) in the specific skill area to be taught. Please see the Occupational Experience Verification Guidelines page to determine which form to use.*

## TO BE COMPLETED BY THE APPLICANT

I authorize my present/prior employer to furnish the following information:

\_\_\_\_\_  
Applicant Signature Printed Name Date

***This form is not valid unless the following area is completed.***

## TO BE COMPLETED BY THE PRIOR/PRESENT EMPLOYER\*:

***Please and return this form to the above applicant after completion***

The above named person was employed from \_\_\_\_\_ to \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (Mailing or Email): \_\_\_\_\_

Employment was Full \_\_\_\_\_ Part \_\_\_\_\_ Time \_\_\_\_\_ Please note total hours   
(1 year full time = approximately 2,000 hours)

Position Title: \_\_\_\_\_

Description of Duties (Attach Position Description if possible) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer Verification - *I verify that the information above is an accurate reflection of the employee's experience and tenure with our company/organization.*

\_\_\_\_\_  
Signature Printed Name Date

**\*For closed business, no records available or unavailable employers, please complete both sections and submit copies of W-2 forms relative to first and last dates of employment or other means of verifying employment.**

**TO BE COMPLETED BY THE CREDENTIALING INSTITUTION: Verified by: Date:**

Occupational Experience Hours Verified \_\_\_\_\_

Occupational Experience Adequately Relates to Credential Requested \_\_\_\_\_