



CTE Application
Verification of Teaching/Special Services Provider/Principal/Administrator/Special Education Director Experience

SECTION A: To be completed by applicant; print or type.

Legal Name	Last	First	Middle	Social Security Number XXX-XX-_____
				Date of Birth

List all full-time and part-time educational-related employment, including coaching and substitute teaching. **Please list most recent experience first.** If you have full-time contracted work experience in different school districts, this experience must be verified by each respective Administrator/HR Director. Please photocopy this page for such purposes and send it to each administrator. **All employment must be verified.**

Grades or Ages Taught	Subject Area (s)	Employment Dates (month/year)	District	City & State	Full-time	Part-time

SECTION F: Verification of Employment

To the Applicant. Please send this page to your Administrator or Human Resource Director with a request to complete this section and mail the page directly to you. Your full-time or part-time experience must be verified below.

To the Administrator: Please verify the above employment information, complete this section, and **return this page to the applicant.**

I verify that, to the best of my knowledge, the above information is correct.	
Signature of School Official	Date
Printed Name	Telephone ()
Title/Position	School District
Address	City, State, Zip Code