



Verification of Career & Technical Work Experience

Office of Educator Quality

205 Jefferson Street, P.O. Box 480 • Jefferson City, MO 65102-0480 • dese.mo.gov

SECTION I: TO BE COMPLETED BY APPLICANT. APPLICANT MUST SEND THIS FORM TO ALL EMPLOYERS TO VERIFY OCCUPATIONAL EXPERIENCE.

SOCIAL SECURITY NUMBER

CURRENT NAME (LAST, FIRST, MIDDLE INITIAL)

ALL MAIDEN/FORMER NAMES

STREET ADDRESS

CITY, STATE, ZIP CODE

DATE OF BIRTH

MALE

FEMALE

PHONE NUMBERS

HOME

WORK

LEGAL SIGNATURE OF APPLICANT

DATE

SECTION II: TO BE COMPLETED BY EMPLOYER

Work Experience Verification: Please verify the above-named applicant's employment and provide information regarding the applicant's skillset, dates of employment, and hours performed. Do not include teaching and/or counseling experience. Note: 2,000 hours = 1 year/40 hours a week; 3,000 hours = 1.5 years/40 hours a week; 4,000 hours = 2 years/40 hours a week.

BEGINNING DATE OF EMPLOYMENT

ENDING DATE OF EMPLOYMENT

SKILLS/RESPONSIBILITIES

HOURS PERFORMED

NAME OF EMPLOYER

TITLE

ADDRESS

CITY, STATE, ZIP CODE

EMPLOYER'S NAME (PRINT OR TYPE)

EMPLOYER'S SIGNATURE

PHONE NUMBER

EMPLOYER'S E-MAIL

DATE

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**PLEASE RETURN THIS FORM TO THE TO THE APPLICANT IN A SEALED OFFICIAL ENVELOPE.
THIS FORM MAY BE DUPLICATED FOR ADDITIONAL EMPLOYERS.
ORIGINAL SIGNATURE REQUIRED-NO FAXES OR PHOTOCOPIES!**

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