

Work Experience Verification

EMPLOYEE INFORMATION

First Name	Last Name	Last 4 Digits of SSN	Date of Birth
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Employment Verification and Employer Information sections of this form must be completed by the employee’s current or previous human resources or personnel director, school district superintendent, charter or private school administrator or equivalent and submitted directly to the State Board of Education. Third party verification will not be accepted. Forms completed or altered by the applicant will not be accepted.

EMPLOYMENT VERIFICATION. Indicate the employee’s position(s) held below (examples: *principal, school counselor, teacher, office manager*).

Start to End Dates (MM/YYYY to MM/YYYY)	Position or Title	Job Description (or attach additional document)
Start to End Dates (MM/YYYY to MM/YYYY)	Position or Title	Job Description (or attach additional document)
Start to End Dates (MM/YYYY to MM/YYYY)	Position or Title	Job Description (or attach additional document)

COMPLETE FOR TEACHING EXPERIENCE ONLY. LIST ALL TEACHING ASSIGNMENTS PER SCHOOL YEAR. Use separate rows only to indicate changes in employment status or teaching assignments. If the position held was *special education teacher*, please indicate the special population served (examples: *gifted, mild/moderate*).

School Year	Subject Area(s) or Special Population(s)	Grade Level(s)
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EMPLOYER INFORMATION. Do not return this form to the applicant. Email completed form to Educator.Licensure@SBOE.Ohio.Gov OR mail to Office of Educator Licensure and Effectiveness; William Green Building; 30 W. Spring Street, 12th Floor; Columbus, Ohio 43215.

Name of Employing School, District, Organization or Business		Office Phone Number
Office Street Address		City, State, Zip Code
Title of Authorized Official		Email Address of Authorized Official
Name of Authorized Official (Print or Type)	Signature of Authorized Official	Date of Signature