

~~~ **WHEN AVAILABLE, THIS FORM SHOULD BE COPIED ON COMPANY LETTERHEAD** ~~~  
(If not available, please add company name, address, and phone numbers to top of sheet)

Date: \_\_\_\_\_

To: Commission on Teacher Credentialing  
Via the North Coast Beginning Teacher Program

Dear Certification Officer:

This letter is to verify employment for \_\_\_\_\_.  
(name)

Dates Employed: \_\_\_\_\_  
(begin date) (end date)

Employed: ☐ Full-time ☐ Part-time (REQUIRED: Specify total number of hours worked: \_\_\_\_\_)

Job Duties: ☐ Check if job description is attached

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(Attach additional sheets if necessary)

This employment information is verified by: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title Signature

Employer verification of employment/work experience

Date: \_\_\_\_\_

To: Commission on Teacher Credentialing  
Via the North Coast Beginning Teacher Program

Dear Certification Officer:

This letter is to verify employment for \_\_\_\_\_.  
(name)

I have made a sincere effort to contact my previous employer. Some examples of how I've tried to make contact include: \_\_\_\_\_  
\_\_\_\_\_

Since I am unable to obtain employer verification, I provide the following information as actual facts regarding my employment at the named organization.

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Dates Employed: \_\_\_\_\_  
(begin date) (end date)

Employed: ☐ Full-time ☐ Part-time (REQUIRED: Specify total number of hours worked: \_\_\_\_\_)

Job Duties: ☐ Check if job description is attached

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach additional sheets if necessary)

I CERTIFY UNDER PENALTY OF PERJURY THAT THE AFOREMENTIONED EMPLOYMENT / EXPERIENCE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Employment/work experience verification

Date: \_\_\_\_\_

To: Commission on Teacher Credentialing  
Via the North Coast Beginning Teacher Program

Dear Certification Officer:

This letter is to verify self employment for \_\_\_\_\_.  
(name)

I am providing the following information as actual facts regarding my self employment related to the requested credential.

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Dates Employed: \_\_\_\_\_  
(begin date) (end date)

Employed: ☐ Full-time ☐ Part-time (REQUIRED: Specify number of total hours worked \_\_\_\_\_)

Job Duties: ☐ Check if job description is attached  
(You may find a paragraph format detailing your self-employment history more applicable.  
Include hours worked per year and job duty detail which each time period noted.)

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(Attach additional sheets if necessary)

I CERTIFY UNDER PENALTY OF PERJURY THAT THE AFOREMENTIONED EMPLOYMENT / EXPERIENCE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Self-employment verification