



**Upon Employment:**  
Submit to P.a.C.E. office  
for Probationary  
Certificate Approval

# Project P.a.C.E. Internship Employment Verification Form

Initial Probationary       1<sup>st</sup> Extension Probationary       2<sup>nd</sup> Extension Probationary

*Intern Personal Contact Information: (to be completed by Intern prior to arriving at HR to sign contract.)*

Intern's Name: \_\_\_\_\_ SS#: \_\_\_\_\_

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

Home Phone#: ( ) \_\_\_\_\_ Cell or Alternate Phone#: ( ) \_\_\_\_\_

E-Mail Address (please print): \_\_\_\_\_

*Employment/Internship Information: (to be completed or verified by HR Administrator upon employment.)*

District: \_\_\_\_\_ Campus: \_\_\_\_\_

Campus Principal (please print): \_\_\_\_\_ Principal e-mail \_\_\_\_\_

Name of Mentor Teacher: \_\_\_\_\_ Mentor e-mail \_\_\_\_\_

Specific Content Area of Teaching Assignment and Grade level(s) for 20\_\_-20\_\_: \_\_\_\_\_

\_\_\_\_\_ Bilingual Certificate needed      \_\_\_\_\_ ESL certificate needed  
*(Must correspond to approved areas on Region One acceptance letter and probationary certificate)*

Employment Start Date: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Intern Signature      Date

\_\_\_\_\_/\_\_\_\_\_  
HR Administrator Signature      Date

\_\_\_\_\_  
HR Administrator Email

Phone # ( ) \_\_\_\_\_

\*Please provide a copy for Intern and return this form to PaCE office by fax as soon as employment is secured.

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