

VERIFICATION OF EXPERIENCE AND EMPLOYMENT FORM

Use this form to verify: 1) completion of two years employment as an administrator and 2) status as a contracted public school or state-approved private school administrator in Washington State.

SECTION A

TO BE COMPLETED BY CANDIDATE

NAME: LAST _____ FIRST _____ MIDDLE _____ MAIDEN/FORMER NAME _____

ADDRESS _____ DATE OF BIRTH _____

CITY/STATE/ZIP _____ SOCIAL SECURITY NO (OPTIONAL) _____

TELEPHONE (WORK) _____ (HOME) _____ WA CERTIFICATE NO _____

EMAIL ADDRESS _____

SECTION B

TO BE COMPLETED BY EMPLOYER SUPERINTENDENT OR PERSONNEL DIRECTOR ONLY

NAME OF CANDIDATE _____ is employed as a Principal/Administrator in the _____
School District, approved private school, or state agency

NAME OF SCHOOL DISTRICT, APPROVED PRIVATE SCHOOL OR STATE AGENCY _____

providing educational services for students, completed two years of employment on _____
DATE

SIGNATURE OF SUPERINTENDENT OR PERSONNEL DIRECTOR _____ TITLE _____ DATE _____