



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION

Professional Certification
Old Capitol Building, PO BOX 47200
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Web Site: <http://www.k12.wa.us/certification>
E-mail: cert@k12.wa.us

EMPLOYER VERIFICATION FORM

Employment verification is requested for the individual listed below in order to fulfill the requirements to obtain a career and technical educator teaching certificate in the State of Washington.

Name of employee: _____

Address: _____

Date of birth: _____ **Washington certificate number** _____
(For office use only)

For Employer to complete:

Dates employed _____

Job duties: *(In order to verify what type of duties the above has done within your agency, please be detail specific.)*

Total number of hours during employment _____

Name of Business _____

Address _____

Phone number _____

Name and title of signer _____

Email address _____

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing and all information included on this form is true and correct, to the best of my knowledge.

Signed _____

Date _____