



West Virginia DEPARTMENT OF EDUCATION

REV20180701

Form V10—Verification of Work Experience

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Part 1—Applicant

Name of Company Verifying Employment
(Must be the same as Part 2)

Phone Number

Job Title or Occupation Verified by Employer
(Must be the same as Part 2)

Address of Company

City

State

Zip

County, Multi-County Center or ODTP
in which I am currently Seeking Employment

County Superintendent,
Multi-County Center Director or ODTP Director

Occupational Area/Endorsement Expected to Teach

Address of County Board of Education,
Multi-County Center or ODTP

City

State

Zip

I certify that I was employed by the company/agency I have identified. I authorize this company/agency to validate the information requested on this form and submit it to the county superintendent of schools, Multi-County Center Director or ODTP Director I have indicated.

Note: If self-employed, complete V10 and attach tax records for the year(s) of employment.

Applicant's Signature

Date

Part 2—Verification of Employment by Employer

Applicant's Job Title or Occupation
(Same as Part 1)

Employment Begin Date

Employment End Date
(or presently employed)

If part-time, indicate the number of hours worked per week: _____

Brief Description of Job Duties: _____

I confirm that the applicant is skilled, competent, and successful in her/his occupation. I, the undersigned, do solemnly swear that the above statement is truthful and accurate.

Name of Company *(Same as Part 1)*

Phone Number

Signature of Supervisor

Title

Part 3—Statement of Notary

State

County

Taken, subscribed and sworn before me this _____ day of _____, 20____.

My Commission Expires _____.

Signature of Notary Public

Official Seal Here