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Washington Office of Superintendent of

PUBLIC INSTRUCTION Professional Certification Old Capitol Building, P.O. Box 47200

600 Washington St. SE Olympia, WA 98504 (360)-725-3631 TTY | (360)-725-6400 | cert@k12.wa.us

**CTE Certification Form 4075V:** 

**Employer Verification Form (Non-Teaching Experience)** 

*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.* 

Section I: Applicant Info	ormation						
Legal Name (Last, First, Middle): Other Name(			Name(s):			Date of Birth:	
Address:			WA Cert. Phone: Number:		Phone:		
City, State, Zip:			Email:	Email:			
<b>Section II: Applicant Em</b> <i>To be completed by emplo</i>		applica	nt was empl	oved			
Name of Business:	by cr, or designee, where	αρριιου	ni was empi	0900.			
Dates Employed: TO Total Number of Hours During Employm						nent:	
Job Duties (In order to ve specific. You may also att Employer Address:	• •			Phone:	e within your age	ncy, piease be	
City, State, Zip:				Email:			
				Lindii.			
Employer's Printed Name:				Title:	Title:		
Section II: Affidavit							
I, State of Washington that of my knowledge.					of perjury under t n is true and corr		
Signature of Employer			Date				