



Washington Office of Superintendent of
PUBLIC INSTRUCTION

Professional Certification
Old Capitol Building, P.O. Box 47200
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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 Information

Legal Name (Last, First, Middle):	Other Name(s):	Date of Birth:
Address:	WA Cert. Number:	Phone:
City, State, Zip:	Email:	

Section II: Applicant Employment History

To be completed by employer, or designee, where applicant was employed.

Name of Business:	
Dates Employed: _____ TO _____	Total Number of Hours During Employment: _____

Job Duties (In order to verify what type of duties the applicant above has done within your agency, please be specific. You may also attach a job description to this form):

Employer Address:	Phone:
City, State, Zip:	Email:
Employer's Printed Name:	Title:

Section II: Affidavit

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.

_____ Signature of Employer	_____ Date
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