**General Occupational Experience Verification Form**

**For Initial CTE application**

This form may be filled out electronically or hand written.

**Authorization: The applicant is to print, sign, and provide return address. *Employers, do not complete the form unless a name and signature appears below.***

I authorize my present/prior employer(s) to furnish the following information in regards to my employment with the company or organization:

Applicants Printed Name: Date:

Applicants Signature:

Please return this form to the following mailing or email address:

**Employment Verification**

***To be completed by the present/prior employer(s):*** ***Please return the form to the applicant named above.***

Name of Company or organization: Phone:

Address (mailing or email):

The above named person was employed from (give dates) to

Employment was  Full-time  Part-time

How many *total hours\**did the employee work:   
*\*Total hours are the total number of hours per year. 1 year of full time work is approximately 2000 hours.*   
*E.g. if the employee worked full time for 5 years, they should have approximately 10,000 hours .*

Position the employee held:

Please attach a position description if possible, if not briefly describe the employees duties:

Employers Verification: I verify that the information above is an accurate reflection of the employee’s experience and tenure with our company or organization.

Printed Name: Date:

Signature:

Electronic Signature is acceptable.