



Career and Technology Education Work-Based Certification

Industry Experience Verification Form

Submit forms to: [My SC Educator Portal](#)

Applicant Information (To Be Completed by the Applicant)

After completing the CTE application, please have each employer verify your industry experience by completing this form. A separate form must be used for each employer.

Applicant's Full/Legal Name: _____

Address: _____

Name of Company/Organization: _____ Position Title: _____

Nature of Job Duties: _____

Signature: _____ Last 4 Digits of SSN: _____ Date: _____

Employment Verification (To Be Completed by Personnel Administrator)

The applicant is currently seeking to enroll in the South Carolina Department of Education's Career and Technology Education Work-Based Certification program and must have their industry work experience verified. Please review the information provided by the applicant and provide employment data.

Begin Date of Employment (MM/DD/YY)	End Date of Employment (MM/DD/YY)	Total Months Employed	Average Hours Per Week

By signing this form, the personnel administrator verifies the provided employment information.

Name: _____ Signature: _____ Date: _____

Name of Employer: _____ Position: _____

Address: _____ Phone: _____