



## 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: \_\_\_\_\_