



Career and Technology Education Work-Based Certification

Self-Employment Experience Verification Form

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

Applicant Information (To Be Completed by the Applicant)

After completing the application, please have an individual with firsthand knowledge of your self-employment experience provide verification by completing this form.

Applicant's Full/Legal Name: _____

Address: _____

Name of Company/Organization: _____

Describe the Nature of Work Performed (Use Back if Necessary): _____

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

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

Employment Verification (To Be Completed by Individual with Firsthand Knowledge of Work Experience)

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 sign this form if you have firsthand knowledge that verifies the correctness of the applicant's self-employment data.

By signing this form, the individual verifies the provided employment information.

Name of Verifier: _____ Signature: _____ Date: _____

Name of Employer: _____ Position: _____

Address: _____ Phone: _____