

PROGRAM OF ALTERNATIVE CERTIFICATION FOR EDUCATORS (PACE)

OFFICE OF EDUCATOR SERVICES
8301 PARKLANE ROAD
COLUMBIA, SOUTH CAROLINA 29223

VERIFICATION OF TWO YEARS PRIOR WORK EXPERIENCE SELF-EMPLOYMENT FORM

Applicants to the PACE program who are seeking a letter of eligibility must present verification of two years prior work experience. This is defined as two years of post secondary work experience that includes one year of full time work and no more than one year of combined part time work experience. Please complete all information below.

PLEASE PRINT

Name (Last, First, Middle, Maiden)						
Address				City	State	Zip Code
Social Security Number			High School Graduation Date (month/year)			
Name of Company						
Describe the nature of the work performed (use back if necessary)						
DATE OF EMPLOYMENT				Total Months Employed	Average Hours per Week	Business Phone
From:		To:				
Month	Year	Month	Year			
I certify that the information shared above is correct and I understand that I could be released from the PACE program if I have provided false information.						
PACE Applicant Signature					Date	

I certify that I have first hand knowledge that _____ was self-employed and performed the type of work described above for the indicated period of time (cannot be a relative).

Name (Print))		Phone Number	Date
Signature		Address	
Relationship to Applicant		City, State, Zip	