

Employment Verification Form, Verification of Experience Form

A. Employment Verification

I, _____ (Full Name),
certify that I am currently employed at _____ (School Name) in
_____ (School County/District), _____ (City, State).

B. Employer Authorization Form

- I grant permission for my employer to verify that I have successfully completed three (3) years of education working experience, as required by the state, to be recommended for the Tennessee ILL-B (Beginning) Administrator License.
- I grant permission for my employer to verify that I am currently employed within the above-named school system.
- I understand that all practicum hours completed throughout the course of my program must be completed within my school district.

Student Name _____

Signature of Student _____ Date _____

Program that you are applying to: _____

To the Administrator: The student named above is a candidate for admission to a Carson-Newman University graduate program. Please complete the fields below.

This is to certify that the candidate named above has served on a full-time basis in the school district of

_____, in _____, _____
School District Name School District City School District State

from _____ to _____ in the position of _____.
Employment Start Date Employment End Date or "Present" Position or Title

Dates of Prior Teaching Experience (if applicable and/or if known): _____

School or District where Prior Experience Took Place (if applicable and/or if known): _____

Does the above candidate meet the two-year teaching requirement for **Educational Leadership**? Yes No
(If the applicant is applying for the Educational Leadership program, two years of experience are required.)

I certify that the named candidate is currently employed within the above-named school system. Yes No

Your Printed Name _____ Your Title _____

Your Employer _____

Employer City _____ Employer State _____

Your Signature _____ Date _____

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