

VERIFICATION OF EMPLOYMENT FORM

Native Language Permit

Applicant Instructions: Please complete the Applicant Information below only. Then please send the form to your employer to complete the Employer Section below. Once this form has been completed it can be uploaded to our portal for our review.

Applicant Information

Applicant's Legal Name (Required)			
Mailing Address			
Street:	City:	State:	Zip:
Telephone No.		Email Address	
Primary:	Work:		

Employer Section

Employer Instructions: The above applicant is applying to the Wyoming Professional Teaching Standards Board for a Native Language Permit and, as a requirement for approval, must provide proof present employment in a position teaching either the Shoshoni or Arapahoe language. Please complete the section and return this form to the application.

Verification of Employment

Dates of Employment		Position Hired for or Held by Applicant
From:	To:	

By signing below, the authorized district representative verifies that this applicant is currently employed by a Wyoming school district in a position teaching either the Shoshoni or Arapaho language.

Authorized Signature

Printed Name		Title	
School District (Include District No.)		Telephone No.	
		Primary:	Work:
Mailing Address			
Street:	City:	State:	Zip:
I affirm that the information provided on this Verification of Employment is true and accurate to the best of my knowledge.			
Signature			Date