

VERIFICATION OF EMPLOYMENT FORM

Professional, Industry, and Careers (PIC) Permit

Applicant Instructions: Please complete the Applicant Information below only. Then please send the form to your employer to complete the Employer Section below verifying two (2) years of past employment experience in the past five (5) years for EACH field of occupational specialty for which the applicant is seeking a PIC Permit. 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 Professional, Industry, and Careers (PIC) Permit, as a requirement for approval, and proof of past or present employment verifying two (2) years of employment experience in the past five (5) years for EACH field of occupational specialty for which the applicant is seeking a PIC Permit is required. Please complete this form below with dates of employment, what position was held by the applicant, and please attach a detailed description of the applicant's work duties and responsibilities. For self-employed applicants, please complete the bottom portion of this form and attach tax documentation. **Note: Exclude any educational/training experience.**

Verification of Experience

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

By signing below, the authorized district representative verifies that this applicant's employment experience.

Authorized Signature

Printed Name		Title	
Company Name or 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