

# VERIFICATION OF WORK HISTORY FORM

## Initial Licensure, Add Endorsement, & Visiting Foreign Teacher 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

<b>Applicant's Legal Name (Required)</b>			
<b>Mailing Address</b>			
Street:	City:	State:	Zip:
<b>Telephone No.</b>		<b>E-Mail Address</b>	
Primary:	Work:		

### Work History

List all teaching, administrative, or other educationally related experience for three (3) out of the last six (6) years. Include only full-time assignments and assignments which required you to hold licensure or certification in the assignment area. Be very specific about which subjects were taught at the middle school or secondary levels. Wyoming does not offer a Middle School Generalist endorsement.

**Note: This form needs to be completed by EACH district you have worked for three (3) out of the last six (6) years. Please upload copies of the appropriate licenses that coincide with your work history, covering all dates of employment listed above. Please exclude Substitute and Student Teaching**

Grade Levels Taught	Applicable Content Area(s) Taught or Administrator Position	Exact Dates of Employment	Full-Time Position	District or State Accredited Private School
EX: 6-12	Biology and Social Studies	8/10/2000 – 06/20/2016	(Y) N	Cheyenne District #3
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	

### Employer Section

**Employer Instructions:** This section to be completed by the applicant's District Superintendent or HR Administrator. Please review your records and verify the applicant's teaching and/or administrative experience for your district **ONLY** and return the form to the applicant. If you know of any reason this applicant should not teach in Wyoming schools, please send a separate statement to: [wyooptsb@wyo.gov](mailto:wyooptsb@wyo.gov).

### Authorized Signature

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