Form V10

Verification of Wage Earning/Work Experience

Certification License #: _____

Office of Certification
1900 Kanawha Boulevard,
East Building 6, Suite 550
Charleston, WV 25305
(304) 558-7010
wvde.us/certifications

Applicant Information

_____

Certification License Number (Register or look-up your license number: https://wveis.k12.wv.us/certportal/)

_____ _____ _____

Last Name **First Name** **MI**

Applicant

*Must be the same as Verification of Employment by Employer.

Note: If self-employed, complete V10 and attach tax records for the year(s) of employment.

_____ _____

Name of Company Verifying Employment* **Phone Number**

_____ _____

Job Title/Occupation Verified by Employer* **Address of Company**

_____ _____ _____

City **State** **Zip**

_____ _____

County/Multi-County Center/WVSDT in which I am currently Seeking Employment **County Superintendent, Multi-County Center, Director or WVSDT Superintendent**

_____ _____

Occupational Area/Endorsement Expected to Teach **Phone Number**

_____

Address of County Board of Education, Multi-County Center or WVSDT

_____ _____ _____

City **State** **Zip**

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Verification of Employment by Employer

**Must be the same as the Applicant Section

_____ _____ _____

Applicant's Job Title or Occupation** **Employment Begin Date** **Employment End Date**

Number of Hours worked per week (Part-Time Only): _____

Brief Description of Job Duties:

_____

_____

_____ _____

Name of Company** **Phone Number**

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Applicant Signature

I certify that I was employed by the company/agency I have identified. I authorize this company/agency to validate the information requested on this form and submit it to the county superintendent of schools, Multi-County Center Director or WVSDT Superintendent I have indicated.

_____ _____

Applicant's Signature **Date**

Employer Signature

I confirm that the applicant is skilled, competent, and successful in her/his occupation. I, the undersigned, do solemnly swear that the above statement is truthful and accurate.

_____ _____

Signature of Supervisor **Title**

Statement of Notary

_____ _____

State **County**

Taken, subscribed and sworn before me this _____ day of _____, 20_____.

_____

Date of Commission Expiring

_____

Notary Public Signature