



West Virginia DEPARTMENT OF  
**EDUCATION**

REV 20210722

**Form V10—Verification of Work Experience**

Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

**Part 1—Applicant**

\_\_\_\_\_  
Name of Company Verifying Employment  
*(Must be the same as Part 2)*

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Job Title or Occupation Verified by Employer  
*(Must be the same as Part 2)*

\_\_\_\_\_  
Address of Company

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
County, Multi-County Center or WVSDT  
in which I am currently Seeking Employment

\_\_\_\_\_  
County Superintendent, Multi-County Center  
Director or WVSDT Superintendent

\_\_\_\_\_  
Occupational Area/Endorsement Expected to Teach

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

*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.*

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
WVDE Coordinator

**Part 2—Verification of Employment by Employer**

\_\_\_\_\_  
Applicant's Job Title or Occupation  
*(Same as Part 1)*

\_\_\_\_\_  
Employment Begin Date

\_\_\_\_\_  
Employment End Date  
*(or presently employed)*

If part-time, indicate the number of hours worked per week: \_\_\_\_\_

Brief Description of Job Duties: \_\_\_\_\_  
\_\_\_\_\_

*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.*

\_\_\_\_\_  
Name of Company *(Same as Part 1)*

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Title

**Part 3—Statement of Notary**

\_\_\_\_\_  
State

\_\_\_\_\_  
County

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

My Commission Expires \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

Official Seal Here