Teacher Apprentice Program – Wichita State University College of Applied Studies
Verification of Employment

Verification of Employment means experience gained, under contract or as an at will employee, in a school accredited by the state board as a para educator at the Early Childhood and/or Elementary Education (K-6) level.

A: TO BE COMPLETED BY THE APPLICANT

LEGAL NAME: FIRST NAME MIDDLE NAME LAST NAME

MAILING ADDRESS (STREET, CITY, ZIP CODE)

PHONE NUMBER EMAIL ADDRESS

B: TO BE COMPLETED BY EMPLOYING SYSTEM (district or interlocal)

SCHOOL DISTRICT, INTERLOCAL, or PRIVATE SCHOOL ADMINISTRATOR/REPRESENTATIVE:

☑ Please complete and sign.
☑ Return the completed, signed hard copy in a sealed official school envelope to the Applicant OR email as attachment to parapath@wichita.edu. Coordinate submission with the applicant.

Name of School System: __________________________ USD DISTRICT #_____________________

State Accredited School and/or District?

☐ YES
☐ NO (if not state accredited, please attach verification of accreditation status)

Name of School/District Administrator:

Title/Position:

Phone:

Mailing Address (Street, City, State, Zip):
Teacher Apprentice Program – Wichita State University College of Applied Studies
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C. VERIFICATION: I verify the above applicant is employed under contract or as an at will employee in our school system as listed below and the applicant’s employment qualified as accredited experience:

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<tr>
<th>BEGINNING DATE OF QUALIFYING EMPLOYMENT (MM/DD/YYYY)</th>
<th>ENDING DATE OF QUALIFYING EMPLOYMENT (MM/DD/YYYY)</th>
<th>QUALIFYING ASSIGNMENT: List specific assignments as para educator below</th>
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I verify the above applicant has on file with our district/interlocal a Certification of Health for School Personnel/TB test (K.S.A. 72-5213) form and Criminal Background Check as required by our district and/or interlocal.

○ Yes
○ No

Comment:

____________________________________________________________________________________
____________________________________________________________________________________

____________________________________  ____________________  ______
Signature of District Representative  Title  Date

7/19/2018