



Student -please complete the following section

Name: \_\_\_\_\_ Social Security number: \_\_\_\_\_

School District/ ESD: \_\_\_\_\_

Is this district located in Oregon?  Yes  No

If no, please provide the full mailing address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Position: \_\_\_\_\_

Did you hold a license appropriate to your position in the school/district?  Yes  No

Employed from: (MM/YYYY) \_\_\_\_\_ to \_\_\_\_\_  Full time  Part time \_\_\_\_\_ (FTE)

Position : \_\_\_\_\_

Did you hold a license appropriate to your position in the school/district?  Yes  No

Employed from: (MM/YYYY) \_\_\_\_\_ to \_\_\_\_\_  Full time  Part time \_\_\_\_\_ (FTE)

Verifying school district official – please complete the following section

Name : \_\_\_\_\_

Title: \_\_\_\_\_ Phone number: \_\_\_\_\_

I hereby certify that the employment information provided above is accurate and complete.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE