ALERT: *This form must accompany an **Application for Certification** and appropriate fee.*

ARIZONA DEPARTMENT OF EDUCATION-CERTIFICATION UNIT
Phoenix Office: P.O. Box 6490, Phoenix, AZ 85005-6490 Telephone: (602) 542-4367
Tucson Office: 400 W. Congress St., #118, Tucson, AZ 85701 Telephone: (520) 628-6326

Verification of CTE Employment

**** Must Be Completed By Employer ****

Please complete this form including all the required information below.

Please sign and date at the bottom.

Employee's name: _____

Employee's Social Security #: _____

Business name: _____

Dates of Employment: _____

Total Hours of Employment:_____

Position(s) Held: _____

Job Title: _____

Job Duties: _____

I certify the above information to be true and correct.

_____ _____ _____

Signature Name (please print) Date

Title (please print)_____

Mailing Address (please print) _____

_____

Contact Phone Number_____