



School Employee Scholarship Employment Verification Form

Instructions for credential candidate: Complete the form, sign it, and then submit it with your Dominican application.

SECTION 1

Name of employee/Dominican credential candidate: _____

Position: _____

Start date of employment (month/year): _____

School district: _____

School/site: _____

School phone number: _____

Principal/supervisor name: _____

Principal/supervisor email address: _____

SECTION 2

CANDIDATE SIGNATURE

I, (print name) _____, confirm that I am an employee of _____ (school or district) and that the information above is accurate.

Signature _____ Date _____