



GRADUATE & CONTINUING STUDIES

Job Verification Form

Date: \_\_\_\_\_ DSU Student ID (if applicable): \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_

**Verification of Licensed Teacher and/or Administrator Employment Status**

Current School District: \_\_\_\_\_

Current School: \_\_\_\_\_

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

Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

School Years Taught, to date: \_\_\_\_\_ Begin Date: \_\_\_\_\_

Verifying School District Official Full Name \_\_\_\_\_ Position \_\_\_\_\_

Signature of Verifying School District Official \_\_\_\_\_ Date \_\_\_\_\_

**Previous Teaching Experience, if applicable**

	<u>DISTRICT/SCHOOL</u>	<u>POSITION/TITLE</u>	<u>TOTAL YEARS</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

The student should return this form to:  
OFFICE OF GRADUATE STUDIES  
KENT WYATT HALL, SUITE 239  
P: 662-846-4700 | grad-info@deltastate.edu