



## Verification of Employment

**Teacher Applicant:** Submit a copy to each of your former school districts. Note that this form must be completed and signed off by a representative from the department responsible for the administration of teaching experience and/or salary in order for your experience to be credited.

\_\_\_\_\_  
(Surname)

\_\_\_\_\_  
(First Name)

**To be completed by previous school district:** This individual is seeking a teaching position with the Catholic Independent Schools of the Vancouver Archdiocese. Our District requires an official confirmation of this candidate's previous teaching experience with your District. Please complete and return this document directly to [hr@cisva.bc.ca](mailto:hr@cisva.bc.ca).

Year / Month / Day			Year / Month / Day	FTE	% if less than FTE
<b>Example:</b>					
From	2019/09/01	to	2020/08/31	100%	
From	_____	to	_____	_____	_____
From	_____	to	_____	_____	_____
From	_____	to	_____	_____	_____
From	_____	to	_____	_____	_____
From	_____	to	_____	_____	_____

TOTAL: \_\_\_\_\_ years \_\_\_\_\_ months

Highest qualification held during this period: \_\_\_\_\_

**Verify: Was the teacher applicant required to hold a valid government issued teaching certificate in order to be employed with your organization?** ☐ YES ☐ NO

I hereby certify that the above-named teacher taught for the duration indicated above.

\_\_\_\_\_  
Official School District Name & District Number

\_\_\_\_\_  
Province/State

\_\_\_\_\_  
District Representative Name:

\_\_\_\_\_  
Business #:

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Email:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

**For office use only:**

Signature: \_\_\_\_\_

Date confirmed on: \_\_\_\_\_