

Northern Nevada Office
700 E. Fifth Street, Suite 105
Carson City, NV 89701
Phone: (775) 687-9115

State of Nevada
Department of Education
Office of Teacher Licensing

Southern Nevada Office
1820 E. Sahara, Suite 205
Las Vegas, NV 89104-3746
Phone: (702) 486-6458

Work Experience Verification

Form TL.BI. WE

License Applicant: Please fill in the personal data in the box below and mail this form to your previous employer. This form must then be submitted with your initial application.

The teacher applicant listed below is requesting that you provide our office with verification of his/her teaching experience within your school or district.

| | | | |
|-------------------|---------------|-----------|-------------|
| Last Name | First Name | MI | Maiden Name |
| Address | City | State | Zip Code |
| Social Security # | Date of Birth | Contact # | |

A. For Self-Employment Use Only:

Name and/or Type of Business _____
Primary responsibilities _____

Length of employment: Beginning _____ Ending _____
(Month/Year) (Month/Year)

Check One: Full Time (40 + hours weekly) Part Time (List total hours worked) _____

Please attach proof of self-employment (tax records, copy of current business/professional license, or notarized affidavit) attesting to work experience.

I, _____, certify that the above information is true and correct to the best of my knowledge and belief.

Signature: _____ Date _____

Title: _____ Contact # _____

B. For Employer's Use Only

In order to obtain a Business & Industry license, the applicant must present proof of related work experience in the area(s) of study. Please provide the following information in support of the applicant's request.

Name and type of employer's business: _____

In what capacity were you associated with the applicant? _____

What specific type of work did the applicant perform? _____

Length of employment: Beginning _____ Ending _____
(Month/Year) (Month/Year)

Check One: Full Time (40+ hours weekly) Part Time (List total hours worked)) _____

I _____ certify that the above information is true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

Title: _____ Phone: _____