



VERIFICATION OF OCCUPATIONAL WORK EXPERIENCE

Section one must be completed by the applicant. The applicant must then submit this form to past employers who can substantiate verification of successful occupational employment in the relevant trade or occupational endorsement area the applicant is seeking. Only work experience in the past eight years is acceptable. Teaching within the occupational area cannot be applied toward the occupational work experience requirement. This form must be completed in order for the Tennessee Department of Education to determine eligibility for a Tennessee Occupational License and must be notarized.

Section I: This section must be completed by the applicant Personal Information:

Personal Information:

Applicant First Name: _____

Applicant Last Name: _____

Applicant Social Security Number: ____ - ____ - ____

Applicant Phone Number: _____

Employment Information:

Name of Company/Employer: _____

Applicant Title/Position: _____

Employed from: ____ / ____ (MM/YYYY) to ____ / ____ (MM/YYYY)

Hours Employed: Full Time ____ **Hours per week** ____ **Weeks per year** ____

Part Time ____ **Hours per week** ____ **Weeks per year** ____

Duties Performed:

Machinery/Equipment and Tools Used:



Section II: This section must be completed and signed by the employer or company representative.

Name of Company/Employer: _____

Address: _____

Telephone number with area code: () _____

Is the applicant information included in Section I accurate to the best of your knowledge?
 ___ Yes ___ No

If not, please explain:

Print/Type name of person completing form: _____

Signature of authorized person completing form: _____

Title of person completing form: _____

Date: _____