



Office of Education

Verification of Employment Form

Complete the information for teacher and then submit this page to your employer(s) for completion. Note: A form is required from each PreK-12 employer with which the teacher has been employed.

INFORMATION FOR TEACHER - Please type or print clearly in dark ink

Last Name: _____ First Name: _____

School Name: _____

Street Address: _____

City: _____ Province/State: _____

Postal Code/Zip Code: _____ Country: _____

TO BE COMPLETED BY PREVIOUS EMPLOYER - Please type or print clearly in dark ink

School Name: _____

Street Address: _____

City: _____ Province/State: _____

Postal Code/Zip Code: _____ Country: _____

	School Year(s)	Teaching Load*	Subjects/Grades Taught
Full-time		1.0	
Part-time			

School District Personnel Officer: (Please Print)

School District or Independent School Stamp

Signature: _____

Title/Position: _____

Date: _____

Please mail, fax, or email completed form to: Seventh-day Adventist Church in Canada Office of Education 1148 King Street East Oshawa ON L1H 1H8 Canada

Email: perkins.brandy@adventist.ca Fax: 905.433.0982

*Teaching Load Explanation: 1.0 Full-time is working the full school year, at least 38 hours per week. When determining Part-time Teaching Load please use the 38 hours per week to determine the FTE (Full-time Equivalency).