Use your "Mouse" or "Tab" key to move through the fields. You must use the mouse to mark check boxes. After completing last field, save document to make future updates or click print button

Attachment to Form ISBE 29-08 or 29-08A when **Option C is Selected**

ILLINOIS STATE BOARD OF EDUCATION
Educator and School Development Division
Private Business and Vocational Schools
100 North First Street, E-310
Springfield, Illinois 62777-0001

OCCUPATIONAL TRAINING/WORK EXPERIENCE VERIFICATION

I. NAME OF APPLICANT	NAME WHEN EMPLOYED

HOME ADDRESS (Street, City, State, Zip Code)

NAME OF SCHOOL	CHIEF MANAGING EMPLOYEE

SCHOOL ADDRESS (Street, City, State, Zip Code)

I am presently making application to teach at the school named above and authorize the employer to furnish the information requested below to the school's chief managing employee.

_____ _____
Date *Signature of Applicant*

II. COMPLETED BY (Check one):

☐ Employer ☐ Applicant If completed by applicant, state reason employer verification is not available.

A. DATED APPLICANT WAS EMPLOYED BY YOUR FIRM From: _____ To: _____	TOTAL HOURS EMPLOYED PER WEEK

B. APPLICANTS JOB TITLE/CLASSIFICATION WHILE EMPLOYED

C. LIST APPLICANT'S JOB DUTIES (Attach a copy of a job description if available or list specific duties.)

D. ☐ Yes ☐ No Did applicant receive training at the place of employment?

E. DESCRIBE THE ON-THE-JOB TRAINING RECEIVED BY APPLICANT (e.g. Workshops, Seminars, In-Service, etc.)

_____ Total hours of job training received by applicant (approximate)

I certify that I have prepared or reviewed the information included in this section and that it is true and correct.

_____ _____
Date Signature of Supervisor or Personnel Manager

NAME OF EMPLOYER	TELEPHONE (Include Area Code)

ADDRESS OF EMPLOYER

EMPLOYER: Please return completed form to School's Chief Managing Employee Address located in Section I.

Print Reset Form