

Applicants: Complete this section

CTE Occupational Experience Form

Verification of Occupational or Teaching Experience

All CTE authorizations require verified, successful and relevant occupational or teaching experience in the related skill area. Self-employment must be documented with copies of tax returns (redacted) or W2s.

Important: Obtain as many of these forms as necessary to meet the requirements for your requested content area, as outlined on the <u>worksheet</u> (https://www.cde.state.co.us/cdeprof/cte_generalinfo#10), and include them in your application. All areas must be completed, or your application will be rendered incomplete.

		Telephon	e Number	
Address				
Stre	eet	City	State	Zip Code
Endorsement area:				
I authorize my pres	ent/former emplo	yer to furnish the information	on below.	
Signature			Date	
Employers: Comple	te this section (se	If-employment may be docu	mented by the	applicant)
	-			
The individual name	ed above was emp	loyed O full-time O part-tim	ne from	to
	·	loyed O full-time O part-tim		
[total hours:*] as	,		
[total hours:* Description of dutie] as			
[total hours:* Description of dutie] as			
[total hours:* Description of dutie Business name:] as			
[total hours:* Description of dutie Business name: Mailing address:] as	City	State	Zip Code
[total hours:* Description of dutie Business name: Mailing address:] as		State	Zip Code
[total hours:* Description of dutie Business name: Mailing address: Your name] as es:	City	State	Zip Code

^{*1} year full-time = 2,000 hours