



## VERIFICATION OF EMPLOYMENT AS AN ADMINISTRATOR

To be Completed by Employing Agency

### 1. Personal Information

Applicant's Full Legal Name: \_\_\_\_\_  
*First* *Middle* *Last*

Social Security Number: \_\_\_\_\_

### 2. Employing Agency

Title of Administrative Position: \_\_\_\_\_

Date Initial Employment in an Administrative Position is to begin (mm/dd/yy): \_\_\_\_\_

Name of Employing Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Street*

\_\_\_\_\_ *City* *State* *ZIP*

County of Employment: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_

Approved by:

\_\_\_\_\_ *Name of Employer or Designee (print or type)* *Title of Employer or Designee*

\_\_\_\_\_ *Signature of Employer or Designee* *Date*

### 3. Tentative Plan for Developing the Individualized Induction Plan

Mentor Tentatively Assigned to Credential Holder: \_\_\_\_\_

Position of Mentor: \_\_\_\_\_

Employing Agency: \_\_\_\_\_

Agency Tentatively Selected for Development of Individualized Induction Plan and Completion of Professional-level Program:

*I am aware that I must develop an Individualized Induction Plan during my first year of employment as an administrator.*

\_\_\_\_\_ *Signature of Applicant* *Date*