



## EMPLOYMENT VERIFICATION SCHOOL PSYCHOLOGY-LIMITED

This form is to provide verification of employment for applicants for a School Psychologist-Limited license.

**TO BE COMPLETED BY APPLICANT:** Complete the top portion of this form only.

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle/Maiden Name:</b>	<b>Suffix:</b>
<b>Date of Birth: (MM/DD/YYYY)</b>		<b>Last 4 digits of Social Security Number:</b> XXX-XX- ____ _	
<b>Phone Number:</b>		<b>Email Address:</b>	

**TO BE COMPLETED BY THE APPLICANT'S SUPERVISOR OR PERSONNEL OFFICER**

<b>Name:</b>		
<b>Position Title:</b>		
<b>School Division:</b>		
<b>Phone Number:</b>	<b>Email Address:</b>	
<b>Have any disciplinary actions been taken against this application by an immediate supervisor or by the Board of Education?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Is the applicant currently employed by a school system under the Virginia Department of Education?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Comments:</b>		
<b>I certify, to the best of my knowledge, that the information provided for this applicant's employment verification is complete and accurate.</b>		

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Wet/Original or Verifiable Electronic Signature Only**