

Verification of Employment Form

For each B.C. teacher certification applicant who has held educational positions in the last ten years, the Ministry of Education and Child Care requires each employer (school district or independent school, if applicable) to verify the employment of the applicant. We request that the applicant complete the first section of the form and then forward the form to the employer to enter the remaining information.

TO BE COMPLETED BY APP	PLICANT				
	School/District Name or Employer Name:				
Applicant Surname:	Applicant Birth Surname:				
Applicant Given Names:					
Position: Certificate No. (if applicable):		Date of Birth (YYYY/MM/DD):			
TO BE COMPLETED BY EM	PLOYER				
Primary language of instruction:	French Eng	lish Othe	r		
Dates of Employment (YYYY/MM/DD)	Type of Employment	Full-time Equivalent	Grades and/or Subjects Taught		
e.g., 2017/09/01 to 2018/01/31	Full time	1.00	Grade 4/5		
e.g., 2019/04/01 to 2020/05/31	Part time	0.75	Social Studies 8-10		
		hool Year(s) ch year separately)	Number of Days		
		., 2012/2013	76 days		
m 1 0 1					
Teacher on Call					
	l		1		



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TO BE COMPLETED BY EMPLOYER

1.	Based on your records, were there any concerns about the applicant's conduct or competence?	Yes \square	No 🗆
2.	Was the applicant's employment ever terminated?	Yes \square	No \square
3.	Was the applicant ever the subject of an investigation?	Yes \square	No \square
4.	Was the applicant ever reprimanded or suspended?	Yes \square	No \square
5.	Did the applicant ever resign or agree to a settlement to avoid an investigation or disciplinary action relating to their conduct?	Yes 🔲	No 🗆
	Name of Personnel Officer:		
	Title/Position:		
	Email Address:		
	Phone Number:		
	Name of School/District or Employer:		
	Date:		
			

INSTRUCTION FOR EMPLOYER - Please submit the completed form directly to trb.certification@gov.bc.ca.

Call Service BC long distance: BC Toll Free: 1-800-663-7867 Outside BC: 604-660-2421