



Wisconsin Department of Public Instruction
EMPLOYMENT VERIFICATION
 PI-1613 (Rev. 08-18)

INSTRUCTIONS TO EMPLOYER: Complete both Sections II and III. In Section II list each separate position/assignment held by the applicant within your district on an individual line. Return the completed form to the applicant.

Phone Number: (800) 266-1027 or (608) 266-1027

Website: <http://dpi.wi.gov/tepd>

TO THE APPLICANT: Complete Section I (print or type) and then send to your employer (district administrator or personnel director) for completion of Sections II and III. After it has been returned to you, scan and upload when applying for a license using ELO.

This form is available at tepd.dpi.wi.gov/licensing/supplementary-forms

I. APPLICANT INFORMATION			
Legal First Name	Middle Initial	Last Name	SSN Last 4 Digits Only
Name of Employing School District/Agency			Location of School District or Agency, City, State

II. EMPLOYMENT HISTORY				
Dates MM/DD/YY From To	II A. Employment Details Complete separate line for each assignment Complete Part II B for teaching assignments ONLY.		II B. For Teaching Assignments Only Complete separate line for each assignment	
	Teacher <input type="checkbox"/>	Pupil Services <input type="checkbox"/>	Type of Teacher	Grades Taught
	<input type="checkbox"/> Aide	<input type="checkbox"/> Administrator	<input type="checkbox"/> Regular <input type="checkbox"/> Substitute <input type="checkbox"/> Short Term or Long Term	
	<input type="checkbox"/> Aide	<input type="checkbox"/> Administrator	<input type="checkbox"/> Regular <input type="checkbox"/> Substitute <input type="checkbox"/> Short Term or Long Term	
	<input type="checkbox"/> Aide	<input type="checkbox"/> Administrator	<input type="checkbox"/> Regular <input type="checkbox"/> Substitute <input type="checkbox"/> Short Term or Long Term	

III. EMPLOYER VERIFICATION

TO THE BEST OF MY KNOWLEDGE, all information presented on this form is accurate and the education employment listed above was successfully completed.

Exceptions, Limitations or Other Comments
 none

Name of School or School District
 Colby School District

Street Address
 705 North 2nd Street

City
 Colby

State
 WI

Zip Code
 54421

Employer's Name First and Last—Type or Print Legibly
 Steven Kolden

Employer Telephone Area Code/No.
 (715) 223-2301

Employer's Email Address
 skolden@colby.k12.wi.us

Signature of Employer
 Superintendent

Title of Employer
 Superintendent

Date Signed Mo./Day/Yr.