GOLDEN APPLE ACCELERATORS
EMPLOYMENT VERIFICATION FORM

To be completed by Accelerator: School Year: _____

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Personal Email (Non-District): _____

School of Employment: _____

School District: _____

School Address: _____

School City, State, Zip: _____

School County: _____

School Phone: _____

Subject(s): _____

Grade Level: _____

School-Related Extracurricular/Athletics: _____

Principal's Name: _____

Principal's Email Address: _____

Beginning Date of Employment: _____

Illinois Educator Identification Number: _____

To be completed by School Official:

I verify that _____ is employed in a full-time teaching position at the school listed above.

Name of School Principal, Assistant Principal, Director of Human Resources or Superintendent

(Please Print) _____ (Title) _____

_____   _____
Signature of the aforementioned person   Date

Golden Apple Foundation
901 W Jackson Blvd, Suite 205
Chicago, IL 60607

Email this form to: employmentverifications@goldenapple.org

EVERY TEACHING ACCELERATOR MUST COMPLETE THIS FORM EVERY SCHOOL YEAR AND
RETURN TO GOLDEN APPLE TO RECEIVE CREDIT TOWARD YOUR TEACHING COMMITMENT