Alabama State Department of Education **Educator Certification Section** 

5215 Gordon Persons Building Post Office Box 302101 Montgomery, AL 36130-2101 Telephone: (334) 694-4557



This section must be completed by the employing Alabama public school system.

**School System Code:** 

## SUPPLEMENT CTV CAREER AND TECHNICAL EDUCATION EMPLOYMENT VERIFICATION

This Supplement CTV is to be completed by each employer or self-employed individual to verify employment and work history within the required time period for individuals seeking a Degree Equivalent Technical Education Career and Technical Certificate in a technical education program area or a Degree Equivalent Health Science Career and Technical Certificate. Health Science **OR** Technical Education Program Area of (Select from chart below) **Available Technical Education Program Areas** Grades 6-12 ☐ Technical Education: Industrial Maintenance – Electrical and ☐ Technical Education: Additive Manufacturing ☐ Technical Education: Advertising Design Instrumentation ☐ Technical Education: Agriscience ☐ Technical Education: Industrial Maintenance – Mechanical ☐ Technical Education: Animation ☐ Technical Education: Information Technology Support and Services ☐ Technical Education: Automotive Service ☐ Technical Education: JAG Specialist ☐ Technical Education: Aviation Technology ☐ Technical Education: Law Enforcement ☐ Technical Education: Business, Finance, Marketing, and ☐ Technical Education: Legal Services ☐ Technical Education: Logistics Administration ☐ Technical Education: Clothing, Textiles, and Interior Design ☐ Technical Education: Masonry ☐ Technical Education: Collision Repair ☐ Technical Education: Modern Manufacturing ☐ Technical Education: Commercial Photography ☐ Technical Education: Nutrition and Wellness ☐ Technical Education: Plumbing ☐ Technical Education: Computer Science ☐ Technical Education: Computer Science – PLTW ☐ Technical Education: Precision Machining ☐ Technical Education: Construction Technology ☐ Technical Education: Real Estate ☐ Technical Education: Consumer Services ☐ Technical Education: Robotics & Automation ☐ Technical Education: Correctional Service ☐ Technical Education: Sports, Recreation, and Attractions ☐ Technical Education: Technical Design ☐ Technical Education: Cosmetology and Barbering ☐ Technical Education: Travel and Tourism Technical Education: Culinary Arts ☐ Technical Education: Cybersecurity and Infrastructure ☐ Technical Education: Utility Line Worker ☐ Technical Education: Diesel Technology ☐ Technical Education: Welding ☐ Technical Education: Early Childhood Education ☐ Technical Education: Working in Multicultural Environments: ☐ Technical Education: Educators in Training Korean ☐ Technical Education: Electrical Technology ☐ Technical Education: Electronics Technology ☐ Technical Education: Emergency and Fire Management Services ☐ Technical Education: Engineering ☐ Technical Education: Entertainment and Media ☐ Technical Education: Family Studies and Community Services ☐ Technical Education: Flight Technology ☐ Technical Education: Graphic Arts ☐ Technical Education: Heating, Ventilation, Air Conditioning, and Refrigeration (HVAC) Work experience as an employee in a compensated position must be verified with this Supplement CTV and a notarized cover letter verifying the applicant's prior work experience. See page 2 for additional information. Self-employment must be verified with this Supplement CTV and the following: (1) a notarized cover letter on the applicant's business/company stationery; (2) notarized letters from three individuals and/or companies with which business or work transactions occurred with the applicant's business/company; and (3) a photocopy of each year's state, county, and/or city business license(s). See page 2 for additional information. Full Name of Previous Employee/Self-Employed Individual Suffix (e.g., Jr.) Title (e.g., Mr.) First Middle Maiden Last Social Security Number of the Employee/Self-Employed Individual **Business Telephone Business Company Name Business Email Address Business Company Address** Street/P.O. Box/Route and Box City State ZIP Code

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| Name:   |  |   |  |  |
|---|--|---|--|--|
|   |  | Documenta   | tion of Work Experience  |  |
| * If employed part-time, in 5,400 hours).   | ndicate in the Pa  | rt-time column the  | e total number of clock hours w  | orked during each employment period (e.g   |
| Dates of Employment   | Full-time  | Part-time* (clock hours)  | Job Title  | Specific Job Duties  |
| Start   | ☐ Yes ☐ No   |   |  |  |
| End   |  |   |  |  |
| Dates of Employment   | Full-time  | Part-time*<br>(clock hours)   | Job Title  | Specific Job Duties  |
| Start   | □ Yes  |   |  |  |
| End   |  |   |  |  |
| Dates of Employment   | Full-time  | Part-time* (clock hours)  | Job Title  | Specific Job Duties  |
| Start   | ☐ Yes ☐ No   |   |  |  |
| End   |  |   |  |  |
| The letter must include applicant's work histor  For verification of self.  A notarized cover of the business/compan.  Notarized letters business/compan.  A photocopy of etime period.  This form and the original | e at least a descri-<br>ry, and the original<br>f-employment, the<br>r letter on the applompany, a brief de-<br>from three indivi-<br>ry during the requirements state, and documents mu | ption of the nature<br>al signature of the e<br>e following are atta<br>licant's business/co<br>escription of the so<br>duals and/or comp<br>ired time period; a<br>county, and/or city | of the business/company, a brief employer or owner of the business ached: company stationery. This letter may ope of the applicant's work historianies with which business or work on the business license(s) held for the order to the employing superintendent to the Economic superintendent superintende | ust include at least a description of the nature ry, and the original signature of the applicant. ork transactions occurred with the applicant's dates of self-employment during the required adent. Additional sheets may be attached if ducator Certification Section. |
| Signature of Employer or B  | usiness/Company  | Owner   | Sworn to and subscribed before   | e me this day of   |
| Typed or Printed Name and Position  |  |   | Seal and Signature of Notary Public  |  |
| Name of Business  |  |   | My Commission Expires:  A notary seal must be affixed to this form <u>OR</u> the business card of employer or business/company owner must be attached.   |  |

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