

Gateways Credential

Work & Practical Experience—Verification Form

Please complete and have this form signed by a supervisor, director, or the Human Resources department to validate your work experience providing direct service to children. **Use a separate form for each employer.**

Personal Information

Participant Name: _____ Person ID: _____

Position: _____ Start Date (MO/YR): _____ End Date (MO/YR): _____

Hours per week: _____ x Weeks per year: _____ x # of years: _____ = Total Hours: _____

☐ Infants/Toddlers (0–3) ☐ Preschool (3–5) ☐ School-Age (5–12) ☐ Administration

Position: _____ Start Date (MO/YR): _____ End Date (MO/YR): _____

Hours per week: _____ x Weeks per year: _____ x # of years: _____ = Total Hours: _____

☐ Infants/Toddlers (0–3) ☐ Preschool (3–5) ☐ School-Age (5–12) ☐ Administration

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Contact Information

Contact Name: _____

Company Name: _____

Company Address: _____

Company Phone: _____

Signature and title of contact who can verify your work experience:

Date: _____

By signing the above, I verify that the information provided herein is accurate and correct to the best of my knowledge.

Participant Signature: _____ Date: _____

By signing the above, I verify that the information provided herein is accurate and correct to the best of my knowledge. I understand false or misleading statements or subsequent documentation may constitute grounds for denial of a Gateways to Opportunity credential.