Phil Murphy
Governor

KIM GUADAGNO
Lt. Governor

State of New Jersey
DEPARI'MENT OF EDUCATION
PO Box 500
TRENTON, NJ 08625-0500

Lamont Repollet
Commissioner

STATEMENT OF PRACTICAL EXPERIENCE

Section One must be completed by the applicant. The applicant must then mail this form to past employers who can substantiate **AT LEAST FOUR YEARS** of successful work experience in the relevant trade or occupation approved by the employing district pursuant to criteria and procedures established by the State Department of Education. **Recent work experience is required**. **Teaching within the occupational area CANNOT be applied toward the occupational experience requirement.**

ALL INFORMATION ON THIS REPORT WILL BE STRICTLY CONFIDENTIAL

Section I: THIS SECTION MUST BE COMPLETED BY THE APPLICANT

To Whom It May Concern:

This form is being sent to you in behalf of _____ who was formally
(Applicant's Name)

employed by you in the capacity of _____
(Position or Title)

From (Month)_____ (Year)_____ to (Month)_____ (Year)_____ so that an evaluation

for a New Jersey License to teach _____ can be determined.

Section II: SECTIONS II THROUGH V MUST BE COMPLETED BY THE EMPLOYER

Applicant's Title/Position:_____

Dates Employed: Month_____ Year_____ to Month_____ Year_____

Hours Employed: *Full Time._____ Hours Per Week_____ Weeks Per Year_____

*Part Time_____ Hours Per Week_____ Weeks Per Year_____

Section III: Please include remarks concerning the applicant's work performance and safety practices on the job.

_____

_____

_____

_____

_____

Section IV: Please describe in detail the type of work performed by the applicant while in your employment.

Duties Performed: _____

_____

_____

_____

_____

_____

_____

_____

_____

Machinery/Equipment and Tools Used: _____

_____

_____

_____

_____

Section V: THIS SECTION MUST BE COMPLETED AND SIGNED BY THE EMPLOYER OR COMPANY REPRESENTATIVE.

Date: _____ Name of Company _____

Address. _____

_____

_____

Telephone # _____

Fax# _____

Signature of Authorized Person Completing Form: _____

Print \Type Name of Person Completing Form: _____

Position of Person Completing Form: _____

DATA SHEET **FOR** CAREER AND TECHNICAL EDUCATION (CTE) LICENSURE

STATE OF NEW JERSEY
DEPARTMENT OF EDUCATION
OFFICE OF CERTIFICATION AND INDUCTION
PO BOX 500
TRENTON, NJ 08625-0500

INSTRUCTIONS: TO BE COMPLETED BY THE APPLICANT. TYPE OR PRINT CLEARLY IN INK. ANSWER EACH ITEM. SIGN YOUR NAME AND INSERT DATE ON REVERSE SIDE.

1. APPLICANT INFORMATION:

NAME: (LAST)	(FIRST)	(M.l.)	(MAIDEN NAME)
HOME ADDRESS:			APT.:
CITY:	STATE:		ZIP CODE:
SOCIAL SECURITY NUMBER:	HOME TELEPHONE NUMBER:	WORK TELEPHONE NUMBER:	
CTE LICENSE REQUESTED:			

2. EDUCATION AND TRAINING:

HIGH SCHOOL (NAME AND LOCATJON)	**COURSE:**	**DATES ATI'ENDED:** FROM_____TO_____	DID YOU **GRADUATE:** DYES DNO
COLLEGE OR UNIVERSITY (NAME AND LOCATION)	MAJOR:	**DATES A'ITENDED:** FROM TO	**DEGREE** AND **DATE:**
	MINOR:		CREDIT HOURS **COMPLETED:**
GRADUATE SCHOOL (NAME AND LOCATION)	MAJOR AREA OF STUDY:	**CREDIT HOURS Completed:** _____	DEGREE(S) AND DATE(S): _____ _____
	DATES ATTENDED:	**FROM** TO	
OTHER FORMAL TRAINING (INCLUDE MILITARY)	**DATES ATTENDED:** **FROM**_____ TO_____		**COMPLETED?** DYES DNO
	DESCRIPTION OF TRAINING:		

OVER

3. PREVIOUS EMPLOYMENT: (BEGIN WITH YOUR LAST EMPLOYER FIRST. INCLUDE MILITARY SERVICE) IF NECESSARY USE ADDITIONAL SHEETS

NAME AND ADDRESS w PRESENT OR LAST EMPLOYER: **NAME AND TITLE OF IMMEDIATE SUPERVISOR:** **TITLE OF YOUR POSITION:** DATES IN THIS POSITION (MONTH AND YEAR): **FROM** TO O PART TIME D FULL **TIME**	**DESCRIBE** IN **DETAIL** YOUR DUTIES **(INCLUDE** ANY **MACHINERY OR EQUIPMENT OPERATED)**
NAI\1E AND ADDRESS OF EMPLOYER: **NAME AND TITLE OF IMMEDIATE SUPERVISOR:** TITLE OF YOUR POSITION: DATES IN THIS POSITION (MONTH AND YEAR): FROM TO D PART TIME D FULL **TIME**	**DESCRIBE** IN **DETAIL** YOUR DUTIES (INCLUDE ANY **MACHINERY OR EQUIPMENT OPERATED)**
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NAME AND ADDRESS OF EMPLOYER: **NAME AND TITLE OF IMMEDIATE SUPERVISOR:** **TITLE OF YOUR POSITION:** DATES IN THIS POSITION (MONTH AND YEAR): FROM TO O PART TIME D FULL **TIME**	**DESCRIBE** IN **DETAIL** YOUR **DUTIES** (INCLUDE **ANY** **MACHINERY OR EQUIPMENT OPERATED)**

4. REFERENCES; L I S T BELOW THE NAMES OF AT LEAST THREE PERSONS FROM WHOM WE MAY REQUEST CHARACTER **REFERENCES**

NAME & TELEPHONE	ADDRESS	OCCUPATION

I CERTIFY THAT ALL STATEMENTS AND DATA ARE TRUE AND ACCURATE.
APPLICANTSIGNATURE_____DATE_____