Hawai`i Teacher Standards Board 650
Iwilei Road, Suite 268
Honolulu, HI 96817

htsb@hawaii.gov
Phone: 808-586-2600

INDUSTRY OR TRADE EXPERIENCE VERIFICATION FORM

Please use one form per employer. Employer should email completed form to HTSB at htsb@hawaii.gov

1. PERSONAL INFORMATION

HTSB ID from your "My Profile" tab in your online record: _____ _____ _____ _____ _____

_____ _____ _____
Last Name First Name MI

_____
Mailing Address City State Zip

_____ _____
E-mail Address Cell or Home Telephone

DISCLAIMER: I hereby authorize the release of the information regarding my professional experience.
.
Applicant Signature: _____ Date: _____

2. VERIFICATION BY EMPLOYER

I hereby verify the trade experience of the above individual:

Employed from _____ to _____Average number of hours worked per week: _____

Position held by individual: _____

Description of work performed by individual:

Employer Signature: _____ Employer Printed Name and Title: _____

Name of Company: _____ Business License/Registration Number, if applicable: _____

Telephone including Area Code: _____ Email: _____

Address: _____ Date: _____