



# GOLDEN APPLE SCHOLARS OF ILLINOIS EMPLOYMENT VERIFICATION FORM

To be completed by Scholar:

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](mailto:employmentverifications@goldenapple.org)

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