



Self-Employed Occupational Experience Verification Form

Applicant: Please use this alternative form if you are submitting self-employed occupational experience.

Applicant to Complete

Name: _____

Discipline: _____

I worked from (date) _____ to (date) _____ at the location below.

Company Name: _____

Employment was: Full Time Part Time

Position Title: _____

Description of Duties or Position Description:

(if more space is needed please attach as word document)

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Proof of Self-Employment

- Copies of a Schedule C or Schedule C-EZ
- The first page of an income tax statement showing self-employment income or letters of reference from customers that include the dates/services rendered and cost of services

Applicant Verification

I verify that the information above is an accurate reflection of my self-employment experience and tenure.

Applicant Name: _____

Applicant Signature: _____ Date: _____

Internal Use Only - Credentialing Officer to Complete:

Total number of hours for this work experience: _____

Occupational Experience Verified: Initial: _____ Date: _____

First date applicant will teach at CCD: _____