

VERIFICATION OF EMPLOYMENT FOR INTERNS

To be completed by district HR personnel to accompany internship credential application

Full name of Intern Applicant _____

Exact start date in the current academic year(mm/dd/yy)_____

Name of Employing District or Charter school that must have an MOU with CSU East Bay:

_____CDS Code_____

Teaching Credential

Multiple Subject

Single Subject in

Art

Dance

English

Mathematics (foundational)

Mathematics (full)

Music

Physical Education

Science (foundational)

Science: Biology

Science: Chemistry

Science: Geoscience (Earth and Space Science)

Science: Physics

Social Science

Theatre

World Language:_____

Education Specialist Specialty Area Mild to Moderate Support Needs Extensive Support Needs

Pupil Personnel Services School Counseling School Psychology

Name & Address of School_____

County _____Grade level assigned:_____

By signing, I attest that the information provided on this form is accurate and the candidate is hired into a full-time internship position. I understand CSU East Bay reserves the authority to deny requests for internships or withdraw the intern credential if the candidate does not continue enrollment in the program.

HR Personnel Electronic Signature_____

HR Personnel Name _____ Title _____

Email address _____ Phone _____ Date _____