



# Employment Verification

As a DCS Recipient, you have agreed to be employed in a critical needs occupation in the State of South Dakota for the number of years you received the scholarship, plus one year. For example, a four year scholarship recipient must work five years; a three year recipient four years, etc.

<b>Recipient Section - To Be Completed by Recipient:</b>			
Last Name	First Name	MI	Social Security Number
Permanent Street Address (include PO box address if applicable)			Home Area Code/Telephone Number
City	State	Zip Code	Date of Birth (Month/Day/Year)
Driver's License State and Number State                    #	E-mail Address		
Check the critical need occupation in which you are employed:  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Teacher - Elementary or Secondary Special Education  <input type="checkbox"/> Teacher - High School Math  <input type="checkbox"/> Teacher - High School Science  <input type="checkbox"/> Teacher - High School Career &amp; Technical Education  <input type="checkbox"/> Accountant / Auditor               </div> <div style="width: 45%;"> <input type="checkbox"/> Registered Nurse  <input type="checkbox"/> Information Technology  <input type="checkbox"/> Engineering (includes all fields EXCEPT mining)                If you checked "Accountant/Auditor, Information Technology, or Engineering," please indicate the specific field of study: _____             </div> </div>			
..... <b>If you entered into the program prior to December 2012,</b> you are still eligible to pursue employment in the following critical need occupations in South Dakota:			
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Teacher - Elementary or Secondary Special Education  <input type="checkbox"/> Teacher - Elementary or Secondary Music  <input type="checkbox"/> Teacher - Elementary or Secondary Foreign Language  <input type="checkbox"/> Teacher - High School Math  <input type="checkbox"/> Teacher - High School Science               </div> <div style="width: 30%;"> <input type="checkbox"/> Licensed Practical Nurse  <input type="checkbox"/> Registered Nurse  <input type="checkbox"/> Other Allied Health Care                If you checked "Other Allied Health Care," please indicate the specific field of study.                _____             </div> <div style="width: 30%;"> <input type="checkbox"/> Large Animal Veterinarian             </div> </div>			
Recipient's Signature _____		Date _____	

<b>To Be Completed By the Human Resource Office:</b>			
Recipient's Employment Title			
Date Employment Began / Will Begin	Full Time Position    Yes <input type="checkbox"/> No <input type="checkbox"/>	Does this employment position reside solely in South Dakota    Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If no, please explain in comments section on following page)</i>	
Employer Name			
Address			
City	State	Zip Code	Phone Number
My Signature Verifies that this individual is employed at our organization in the field and position indicated above.			
Signature _____		Date _____	
Title _____			

**PLEASE RETURN THE COMPLETED FORM TO:**  
 South Dakota Board of Regents  
 Dakota Corps Scholarship Program  
 306 East Capitol Ave, Suite 200  
 Pierre, SD 57501

**Recent Job Change -- Recipient Previous Employment History (if applicable):**

Recipient's Employment Title Did this employment position reside solely in South Dakota Yes  No   
*(If no, please explain in comments section on following page)*

Date Employment Began Date Employment Ended Full Time Position Yes  No

Employer Name

Address

City State Zip Code Phone Number

\*If you recently changed employment since the last time you were provided a verification form, please provide the South Dakota Board of Regents your recent previous employment information for verification purposes.

**Recipient Comments**

*(If applicable, please provide additional information regarding the details of your employment. For example, does your employment involve work or travel in surrounding states.)*

**Employer Comments**

*(If applicable, please provide additional supporting details regarding this position. For example, if employment involves time split in a state other than South Dakota.)*

Internal Use Only:

Name: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date Received: \_\_\_\_\_