

SELF-EMPLOYMENT VERIFICATION

To be completed and signed by a third-party. Must be notarized.

Self-Employed Applicant's Name:		
Applicant's Business Name:		Date Started:
Business Street Address:		
Job Title:		Business Hours:
# of Employees:	Names of Employees:	
Hours worked within the Telluride R-1 School District per week:		
Weeks worked per year:		# Clients served per week:
# of Clients per week requiring work outside of the Telluride R-1 School District:		Hours worked per week outside of the Telluride R-1 School District:
Please describe your business and work activities:		
Name of third-party submitting information:		
Relationship to Applicant or Applicant's business:		
Signature of submitting party: (Must be notarized below.)		Date:
Applicant's signature attesting to the above:		Date:

STATE OF COLORADO _____)
 _____) ss.
 COUNTY OF SAN MIGUEL _____)

Sworn to, before me, by _____ on this ____ day
 of _____, 2023. WITNESS my hand and official seal. My commission expires: _____

 Notary Public