



Verification of Experience

Applicant: Complete the top section only and then forward for verification. Once returned, include in your application packet. Please print or type this information.

First Name:	Last Name:	Middle Initial
Maiden Name:	Last 4 Digits of Social Security Number	Date of Birth
Address:	City, State	Zip Code:
Email:	Home Phone:	Mobile Phone:

Signature of Applicant: _____ Date: _____

Employer: The above-named person was employed in your district or school(s). Please complete each section below to indicate the dates of service and performance rating for each specific assignment. Performance ratings will be used only for determining eligibility for certification. *Please return the completed form to the applicant above.*

School/School District	State	Dates of Service From - To	FT/PT (if PT, % of time)	Performance Rating	Subject Taught (one subject per box)	Grade(s) Taught
				Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>		
				Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>		
				Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>		
				Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>		

If the school listed above is a nonpublic/private school, list the approving or accrediting agency:

Printed Name of Authorized Official	Signature of Authorized Official	Date
Title	Phone	E-Mail