

Verification of Work Experience Form

Required (check all that apply) PreK-12 Instructional School Counselor School Social Worker School Psychologist
 Assistant Principal Principal Director of Career & Technical Education Director of Exceptional Needs
 Superintendent Higher Education

Last Name: _____ First Name: _____ MI: ____ Former Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Birthdate: _____

The following information must be completed by Supervisor/Human Resources/Payroll Personnel
(Current school may verify previous employment)

Name of School/College/University: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Required (check one) Public Non-Public

Required (check one) Full-Time Part-Time

Beginning Date of Service (mm/dd/yyyy)	Ending date of Service (mm/dd/yyyy)	Total Years of Service	Position Held/ Grade/ Subject

I hereby certify that the above listed experience is a true and correct for the educator named above.

(This form must be signed by an authorized official from the agency/institution as stated above.)

Signature: _____ Title: _____ Phone Number: _____

Email Address: _____ Date: _____