Verification of Work Experience Form

Required (check all that apply) ⬭ Prek-12 Instructional ⬭ School Counselor ⬭ School Social Worker ⬭ School Psychologist ⬭ Assistant 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

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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 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: _____