



DeSoto County Schools-Teaching Experience Verification Form

5 East South Street Hernando, MS 38632* Phone 662-449-7100 * Fax 662-449-7236

I wish to verify my teaching experience in your school system. The information below is to be completed by the current or previous employer, Superintendent, Headmaster, Agency Director, or Designated Personnel Officer. Please complete Part II of this form and fax the completed form to 662-449-7236 and mail the original to **Desoto County Schools-- Employee Services Department, Attn: Heather Hodge**

Part I: To be completed by Applicant (Please print the following information)

Social Security # _____/_____/_____

Employee Name: _____ (LAST) _____ (FIRST) _____ (MIDDLE)

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

Telephone: _____ Employment Dates: From ____/____/____ To ____/____/____

Part II: To be completed by the School District in which the teaching experience was earned.

Name of District	State	Position Held	Beginning Date Month/Day/Year	Ending Date Month/Day/Year	Contract Days in Year	Contract Days Employed	Full/Part Time	Total Years

THE ABOVE SCHOOL DISTRICT WAS FULLY APPROVED OR ACCREDITED BY _____
(State Department of Education or Association of Colleges & Schools)

Check one of the following: Public School Private School U.S. Government Service Teaching Program

I certify the school experience verification complete on this form omits leave of absence periods. I further certify all information listed above is complete and correct according to the official records in the school system or institution providing this verification of employment.

 Authorized Official Signature Title Date

ADDRESS: Street: _____ City: _____ State: _____ Zip: _____