

VERIFICATION OF SATISFACTORY TEACHING EXPERIENCE

SECTION I – COMPLETED BY APPLICANT

Date _____ Name _____ Prior Name _____ SS # _____

Dates of Employment _____

Please return this form within 90 days to Lake Wales Charter Schools, Human Resources, P.O. Box 3309, 130 E. Central Ave., Lake Wales, Florida 33859-3309 Telephone (863) 679-6560. I authorize you to provide Lake Wales Charter Schools with the following information:

SECTION II – COMPLETED BY FORMER EMPLOYER

(FORMER SCHOOL SYSTEM PLEASE USE A SEPARATE LINE FOR EACH YEAR)

Signature of Applicant _____

YEARS		NAME OF SCHOOL	DATES OF SERVICE		ACTUAL NO. OF DAYS EMPLOYED	NO. OF DAYS IN SCHOOL YEAR	SPECIFIC TEACHING ASSIGNMENT	FRACTION OF DAY EMPLOYED
Year	to Year		FROM: M/D/Y	TO: M/D/Y				

If Florida school system, please indicate which school years(s) held Continuing Contract: _____ thru _____ Professional Service Contract: _____ thru _____.

PUBLIC _____ PRIVATE _____ CHARTER _____ Sworn to and subscribed before me this _____ Day of _____ Year _____

SCHOOL DISTRICT _____
 SCHOOL ADDRESS _____

SEAL AND SIGNATURE OF NOTARY PUBLIC _____

MY COMMISSION EXPIRES _____
(MUST BE NOTARIZED OR AFFIX SCHOOL BOARD SEAL)

SIGNED _____
 TITLE _____
 SUPERINTENDENT OR DESIGNEE

- Choose Accrediting Agency:**
- The Southern Association of Colleges and Schools
 - The Middle States Association of Colleges and Schools
 - The New England Association of Colleges and Secondary Schools
 - The North Central Association of Colleges and Secondary Schools
 - The Northwest Association of Higher and Secondary Schools
 - The Western Association of Colleges and Schools
 - Other _____

PHONE () - _____

Please List