



**OFFICE OF THE PERSONNEL SERVICES**

*Dr. Paula D. Knight  
Superintendent of Schools*

*Stephanie R. Alexander  
Chief Human Resources and Federal Programs Officer*

**VERIFICATION OF TEACHING  
EXPERIENCE**

(Please Print or Type)

<b>EMPLOYEE INFORMATION</b>			
Last name:	First:	MI:	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Previous School District		District Mailing Address	
Employee Signature			Date
<b>To Be Completed by Prior School District Personnel</b>			
Hire Date		Separation Date	
Number of Contract Days	Position Held	Grade Level	Content Taught
Number of Contract Days	Position Held	Grade Level	Content Taught
Number of Contract Days	Position Held	Grade Level	Content Taught
<b>Tenured Teacher</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Public</b> <input type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Full Time</b> <input type="checkbox"/> <b>Part Time</b> <input type="checkbox"/>			
Last salary amount \$ _____		Highest Degree   BA <input type="checkbox"/> MA <input type="checkbox"/> Ed.S <input type="checkbox"/> Ed.D <input type="checkbox"/>	
Step on salary scale _____			
Signature:		Title	Date: