

ACCREDITED BY



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DALE COUNTY BOARD OF EDUCATION

OFFICE OF SUPERINTENDENT
DALE COUNTY GOVERNMENT BUILDING
202 SOUTH HIGHWAY 123, SUITE E
OZARK, ALABAMA 36360

PHONE (334) 774-2355

FAX (334) 774-3503

STATEMENT OF EXPERIENCE

Submit one form to each school system you have previously been employed with.

System Name _____
Address _____
City, State, Zip _____
Telephone/Fax# _____
Personal Data: _____

Last Name _____ First _____ Middle _____ Maiden _____

Social Security#: _____ Employed: _____
Degree Held: _____

To be completed by former employer:

Experience:

From mm/dd/yyyy	To mm/dd/yyyy	Position Held	Grade

Total Years With System: _____ Public _____ Private _____

Sick Leave: Transferred to Dale County Schools _____ Days _____ Date

Insurance: Removed from PEEHIP Portal _____ Yes _____ No

Requested Info: Please include

- Original Professional Certificate
- HQT Letter (if applicable)
- SDE Background/Fingerprint (within past 2 years)

Signed: _____ Date _____
Title: _____

Return to: Dale County Board of Education
Attn: Karen Goodson/Payroll Clerk
202 S. Hwy 123, Suite E
Ozark, AL 36360