



Verification of Previous Work Experience

PART I – To Be Completed By Employee And Forwarded To Previous Employer

(All information below should be printed with the exception of Signatures)

Name _____
(Last) (First) (Middle) (Maiden)

Address _____

Social Security Number (**Last 4 Digits Only**) _____

In order to substantiate my previous experience for salary purposes, will you kindly verify my dates of employment below. Your promptness in returning this form directly to me at the above address will be greatly appreciated. My salary placement is pending receipt of this information.

Exact Dates Of Services: From _____ to _____
(Month/Year) (Month/Year)

(Signature) (Date)

PART II - To Be Completed By Previous Employer

Month & Year To Month & Year	Name Of School/Employer	Total No. Of Months Worked	Full Time	*Part Time	Position(s) Held	Content Area Taught	Grade Taught	**Experience Successful (Yes or No)

*For part-time employment, please indicate the percentage of time.

**If experience successful is not COMPLETED, performance evaluation ratings/scores MUST be provided by candidate

College/University Teaching Experience:

Number of classes taught per semester excluding summer and evening sessions _____

Number of contact hours per week per class _____

Number of weeks per semester _____ Number of weeks per quarter (if applicable) _____

If there was an extended leave of absence granted during employment, please indicate the nature of leave and the exact dates:

Supervisor Validation (REQUIRED)

Name(Print): _____ Mailing Address _____

Position: _____ Telephone: _____ Email: _____

Signature _____ Date _____