

**Verification of Experience Form**  
*(Instructional, Administrative, and/or School Services)*

**Required** (check all that apply)  PreK-12 Instructional  School Counselor  School Social Worker  
 School Psychologist  Assistant Principal  Principal  Director of Career & Technical Education  
 Director of Exceptional Needs  Superintendent  Higher Education

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Former Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**The following information must be completed by Supervisor/Human Resources/Payroll Personnel**  
*(Current school may verify previous employment)*

**Name of School/College/University:** \_\_\_\_\_

**Required** (check one)  Public  Non-Public

**Required** (check one)  Full Time  Part Time

Beginning Date of Service (mm/dd/yyyy)	Ending date of Service (mm/dd/yyyy)	Total Years of Service	Position Held/ Grade/ Subject

**I hereby certify that the above listed experience is a true and correct for the educator named above.**  
 (This form must be signed by an authorized official from the agency/institution as stated above.)

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date: \_\_\_\_\_