



STATEMENT OF PROFESSIONAL EXPERIENCE

Use a separate form for EACH school district or approved nonpublic school in which you have served.

PRINT all information in blue ink and in uppercase letters.

LAST NAME

FIRST NAME

MI

- -
SOCIAL SECURITY NUMBER

- -
BIRTH DATE (Month-Day-Year) - Required

The Superintendent's office MUST complete the grid below. (Applicants do NOT complete sections below.)

Position Held (e.g., teacher, administrator, social worker, etc.)	Subject/Field For middle/secondary teachers, indicate each subject taught.	Grade Level	Certification Endorsement Required for Position	Check Below if:		Dates of Service	
				Full-Time (50% or more)	Part-Time (Less than 50%)	From (Month/ Year)	To (Month/ Year)
Adult Education	If the applicant served as an adult education teacher, indicate the number of hours served per school year.			# of hours/yr.	# of hours/yr.	# of hours/yr.	
School Psychologist	If the applicant completed a school psychologist internship (not under contract), please check here. <input type="checkbox"/>						

Superintendent Attestation: Please check the appropriate box, sign and complete the school information below.

- The applicant named has served successfully in the above position(s) in our public or approved nonpublic schools.
- The applicant named has NOT served successfully in the above position(s) in our public or approved nonpublic schools.

Signature of Superintendent, Executive Director or Designee
attesting to accuracy of information
(Original Signature: No Signature Stamps Accepted)

Date

Typed or Printed Name of Person Signing Above

Title

Employing Agent

Telephone

City

State

Zip Code

Email Address