



EXPERIENCE VERIFICATION FORM

This supplement is to be completed for verification of previous work experience for pay purpose. **Work experience must be in the related field to receive experience credit.**

PLEASE CHECK ONE: CERTIFIED CLASSIFIED

I. ATTENTION CERTIFIED EMPLOYEES

Educational experience is full-time educational employment in:

- A state or local public school;
- A nonpublic school that was accredited, state certified, state registered, and/or state supported (grades P-12) when the experience was earned*;
- A church-related/parochial school (grades P-12);
- A charter school (grades P-12) that was accredited by a regional accrediting agency or approved by the State Department of Education where the school was geographically located when the experience was earned*;
- Alabama State Department of Education sponsored initiatives (e.g., AMSTI);
- State Departments of Education;
- An educational association;
- A post-secondary institution that was regionally accredited when the experience was earned.

Educational experience as a graduate assistant, intern, student teacher, or in positions such as aide, clerical worker, or substitute teacher will **not** be considered.

II. PERSONAL DATA: TO BE COMPLETED BY APPLICANT (TYPE OR PRINT LEGIBLY, USING BLACK INK, WHEN COMPLETING THIS FORM)

Title (E.g. Mr.)	First	Middle	Maiden	Last	Suffix (E.g. Jr.)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Street/Apt./P.O. Box/Route and Box		City		State	ZIP Code
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Cell Telephone	Home Telephone	Work Telephone	E-mail Address		
() <input style="width: 100%;" type="text"/>	() <input style="width: 100%;" type="text"/>	() <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
Social Security Number	Date of Birth (mm-dd-yyyy)				
- - <input style="width: 100%;" type="text"/>	- - <input style="width: 100%;" type="text"/>				

III. EMPLOYMENT INFORMATION:

SINCE _____
Name of School System, Nonpublic School, Institution, Organization, or Appropriate Agency

From: Month/Day/Year	To: Month/Day/Year	Employer	Position(s) Held	Specific Grade(s)/ Subject Area (s) Taught (if applicable)	Full Time / Part Time	If Part-Time, List Hours per Week
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input style="width: 100%;" type="text"/>



NAME: _____

SSN: _____

III. EMPLOYMENT INFORMATION (CONTINUED):

Name of School System, Nonpublic School, Institution, Organization, or Appropriate Agency

From: Month/Day/Year	To: Month/Day/Year	Employer	Position(s) Held	Specific Grade(s)/ Subject Area (s) Taught (if applicable)	Full Time / Part Time	If Part-Time, List Hours per Week
					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	

IV. I certify that all of the above information pertaining to this individual is true and correct:

Sworn to and subscribed before me this _____ day of _____,

Signature of Superintendent, Headmaster, Human Resources/Payroll
Officer, Appropriate Agency/Association Director

Typed or Printed Name

Seal and Signature of Notary Public

Position Held

My Commission Expires: _____

School System, Nonpublic School, Institution, Appropriate Agency, Organization

Address

City/State/ZIP Code

Telephone Number

Date

A NOTARY SEAL MUST BE AFFIXED TO THIS FORM.

