

Sunflower County Consolidated School District

"United For Excellence"

VERIFICATION OF TEACHING EXPERIENCE

Will be paid at 0 year experience, if not returned within five days

To be completed by applicant:

Name _____ Social Security# _____
Last *First* *Middle/Maiden*

Address _____ City, State, Zip _____

The information below is to be completed by School District Administrator or Human Resources office and returned to the applicant for inclusion in the application packet:

This is to certify that educator _____
 Social Security # _____ has successfully completed _____ years of experience as a classroom teacher in our district:

Name of School	Start/Ending Date Mo/Dav/Year	TOTAL YEARS	POSITION Or GRADE*	School State Accredited? (Yes or No)

Signature of Human Resources or Personnel Director

Position

Name of School District

Date

State

Phone