



SUNFLOWER COUNTY CONSOLIDATED SCHOOL DISTRICT

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/Day/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