



<p>This statement MUST be prepared and signed by the appropriate school official. The current appropriate administrator may sign this form based on personnel records. You may need to send this form to more than one district if your experience was earned in multiple schools.</p>						
Applicant Information:						
Last Name		First Name		MI		
Address		City		State		Zip Code
Last Four Digits of SSN		Former Name(s)				
<p>To be completed by the School District. If the employment history is too complex to enter below, please sign this form and attach additional documentation. Please mail this form to the applicant above.</p>						
School Officials Name:						
School District:						
School District City/State						
Was the licensure candidate above employed as a licensed and appropriately assigned <u>TEACHER</u> in your school?				<input type="radio"/> Yes <input type="radio"/> No		
Employed from (month/year)		To (month/year)				
Full time		<input type="radio"/> Yes <input type="radio"/> No	Part time	<input type="radio"/> Yes <input type="radio"/> No	If Yes, FTE Equivalent? (eg .25 for ¼ time)	
Educational Area		<input type="radio"/> Pre K <input type="radio"/> Elementary (K-8) <input type="radio"/> Middle School (4-8) Subject Area Taught _____ <input type="radio"/> Secondary (5-12) Subject Area Taught _____ <input type="radio"/> Special Education <input type="radio"/> School Counselor <input type="radio"/> Other: Please describe _____				
<p>I verify that the work experience information as documented on this form is correct to the best of my knowledge.</p>						
Signature						
Printed Name and Title						
Date	Email Address		Phone Number			