

PROFESSIONAL EXPERIENCE REPORT

B6

SECTION 1: TO BE COMPLETED BY APPLICANT

Complete the top portion of the Professional Experience Report and send to your employer(s). When this form has been returned to you, include it in your application packet. Professional experience gained while holding a teaching certificate is the only experience accepted.

1. Name- Last, First, Middle	1a. Maiden/Former Name
2. Address	3. Date of Birth
2a. City, State, Zip	4. Social Security Number
5. Telephone: Business () Home ()	

SECTION 2: TO BE COMPLETED BY EMPLOYER

Based on personnel records, this statement **MUST** be prepared and signed by the Superintendent or the Clerk of the school district or private school where the applicant was employed. Stamped signatures **MUST** be initialed by the individual using the stamp. Please return the completed form directly to the applicant.

TEACHING EXPERIENCE	FROM	TO	TOTAL MONTHS FULL-TIME TEACHING
ELEMENTARY Grades Taught			
SECONDARY Grades and/or Subject Taught			
SPECIAL EDUCATION			
OTHER EXPERIENCE			
School District	Signature of Superintendent or Clerk	Address (use address stamp if available)	
Telephone	Title	Date	

**FAX COMPLETED FORM TO:
ATTN: HUMAN RESOURCES
(208) 227-9621**