



Scottsboro City Schools
 Human Resources
 305 S. Scott Street
 Scottsboro, AL 35768
 FAX: (256) 218-2190

VERIFICATION OF TEACHING EXPERIENCE

Instructions to Teacher Applicants:

1. Please complete the first section of this form. (Print or Type)
2. Submit form to your employer(s); **HAVE THEM RETURN IT TO:** Scottsboro City Schools Human Resources at the above address or fax.
3. A form must be filled out for each school system in which you have taught; do not include part-time teaching, student teaching, substitute teaching, or day care.
4. This form must be signed and notarized by the verifying school system.

DATE: _____

TEACHER'S NAME: _____ Last 4 of SSN: _____

SCHOOL SYSTEM: _____

ADDRESS: _____
 Street City State Zip

TO BE COMPLETED BY EMPLOYER:

Specific Grade/Subject Taught	From Mo/Day/Yr	To Mo/Day/Yr	Number of Days in School Year	Number of Days Worked

Did this teacher obtain tenure in your school system? Yes _____ No _____
 If yes, what year? _____

ACCREDITED: Yes _____ No _____ _____ Public School System
 BY WHOM: _____ _____ Private School System

<p><u>ALABAMA STATE EMPLOYED ONLY</u> Please send items checked: _____ Teacher's Certificate _____ Sick Leave</p>

Signature – Certifying Office

Title

Date

Notary Public

Sworn to and subscribed before me on this the _____ day of _____, _____.