

**STATEMENT OF PROFESSIONAL EXPERIENCE**

Use a separate form for EACH school district or approved nonpublic school in which you have served.  
 PRINT all information in dark ink and in uppercase letters.

LAST NAME

FIRST NAME MI

-   -      
 SOCIAL SECURITY NUMBER

-   -      
 BIRTH DATE (Month-Day-Year) – **Required**

The Superintendent’s Office **MUST** Complete The Grid Below. (Applicants do **NOT** complete sections below this line.)

Position Held (e.g., teacher, administrator, social worker, etc.)	Subject/Field <i>For middle/ secondary teachers, indicate each subject taught.</i>	Grade Level	Certification Endorsement Required for Position	Check Below if:		Dates of Service	
				Full- Time (50% or more)	Part- Time (less than 50%)	From (Month/ Year)	To (Month/ Year)
<b>Adult Education</b>	If the applicant served as an adult education teacher, indicate the number of hours served per school year.		# of hours/yr.	# of hours/yr.	# of hours/yr.		
<b>School Psychologist</b>	If the applicant completed a school psychologist internship (not under contract), please check here. <input type="checkbox"/>						

**Superintendent Attestation:** Please check the appropriate box, sign and complete the school information below.

- The applicant named has served successfully in the above position(s) in our public or approved nonpublic schools.
- The applicant named has NOT served successfully in the above position(s) in our public or approved nonpublic schools.

Signature of Superintendent, Executive Director or Designee  
 attesting to accuracy of information  
 (Original Signature: No Signature Stamps Accepted)

\_\_\_\_\_ Date

\_\_\_\_\_  
 Typed or Printed Name of Person Signing Above

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Employing Agent

\_\_\_\_\_  
 Telephone

\_\_\_\_\_  
 City State Zip Code

\_\_\_\_\_  
 E-mail Address