



CERTIFIED STAFF- VERIFICATION OF CERTIFIED WORK EXPERIENCE

Part A: To be completed by applicant and sent to previous employer.

Name (Print) _____
 (Last) (First) (Middle) (Maiden)

Address _____

Date _____ Social Security Number _____

Part B: To be completed by authorized official of previous employer.

School District/School _____ State _____

Please check Public School Private School Other: _____

Dates of Service (MM/DD/YY)		Number of Scheduled days in Work Year	Number of Days Worked by Employee	Hours per week	Position Held	Grade - Subjects Taught
From	To					

Did employee receive an unsatisfactory, ineffective, or needs improvement summative performance evaluation for any year of employment? Yes No

If yes, Please indicate year(s) and rating(s) _____

I certify that all information listed above is complete and correct according to the official record(s) of the school district providing the verification of experience

Signature of Authorized Official Print Name of Authorized Official Date

Title of Authorized Official Business Email Address Contact Phone Number

Summit to: Tuba City Unified School District #15, Human Resource, P.O. Box 67, Tuba City, AZ 86045