

Verification of Previous Teaching Experience

This form will be sent to your previous District to verify years of teaching experience

Part I – Completed By Employee and Forwarded to Previous Employer

Former District Name: _____ Fax #: _____

Name: _____
First Middle Last (Maiden)

I was a teacher from _____ through _____
month & year month & year

School assigned to: _____ Position: _____

Social Security Number Signature Date

Part II - Completed By Previous Employer

The former employee listed above is being hired for a certified position with Peoria Public Schools, District 150. Please verify their full-time certified experience. Salary placement is pending receipt of this information.

 School District/Institution Name

City State Zip

Years employed	Full Time?	Did teacher receive tenure?	Was assigned school accredited by a state agency at the time?
Month ___/Year ___ To Month ___/Year ___	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of tenure: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

 Name of person completing form
 (print or type)

 Signature of person
 completing form

 Title

 Phone Number

PLEASE MAIL OR FAX COMPLETED FORM DIRECTLY TO:
 Peoria Public Schools
 Human Resources Department
 3202 N Wisconsin Avenue
 Peoria, IL 61603
 OR via fax: 309-672-6772

