THE SCHOOL DISTRICT OF PHILADELPHIA
PRIOR EXPERIENCE VERIFICATION FORM FOR
TEACHERS, COUNSELORS, PSYCHOLOGISTS, OCCUPATIONAL THERAPISTS, AND SPEECH LANGUAGE PATHOLOGISTS

SECTION I – APPLICANT INFORMATION

Employee’s First Name ___________________________ Employee ID or Social Security # __________________

Employee’s Last Name ___________________________ Previous Name (if applicable) ______________________

Email Address __________________________________ Phone Number ____________________________

SECTION II – EMPLOYMENT VERIFICATION
(TO BE COMPLETED BY PREVIOUS EMPLOYER’S AUTHORIZED HUMAN RESOURCES PERSONNEL)

The School District of Philadelphia is verifying the prior experience of the employee listed above. Please complete the section below and return it directly to the School District of Philadelphia within two weeks. Thank you for your cooperation.

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Position Held</th>
<th>Status</th>
<th>If PT, Average Number of Hours Worked Per Week</th>
<th>Length of Year</th>
<th>Employment Type</th>
<th>Satisfactory Service?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Full-Time ☐ Part-Time</td>
<td>☐ 12 Month ☐ 10 Month</td>
<td></td>
<td>☐ Permanent ☐ Long Term Sub ☐ Per Diem Sub</td>
<td>☐ Yes ☐ No</td>
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</tr>
</tbody>
</table>

If 10 month position, please provide the school year start date: ______________ and end date: ______________

Would you consider rehiring this former employee? ☐ Yes ☐ No (please explain in remarks)

Remarks: ____________________________________________

I certify that all information listed above is completed and accurate according to the official records on file.

Printed Name ___________________________ Title ___________________________ Signature ___________________________

School/District ___________________________ School/District Number or Email ___________________________ Date ___________________________

COMPLETED FORM MUST BE RETURNED DIRECTLY BY THE FORMER EMPLOYER TO:

EMAIL: salary@philasd.org

U.S. MAIL: The School District of Philadelphia
Certification Office
440 N. Broad St, Suite 222
Philadelphia, PA 19130

SDP-SV1
10/2022