THE SCHOOL DISTRICT OF PHILADELPHIA PRIOR EXPERIENCE VERIFICATION FORM FOR NURSES AND VOCATIONAL TEACHERS

SECTION I -	- APPLICANT	INFORMATION
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Employee's First Name

Employee's Last Name

Employee ID or Social Security #

Previous Name (if applicable)

Email Address

Phone Number

If you are a vocational teacher that has prior teaching experience, please also complete the Prior Experience Verification Form for regular teachers.

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.

Start Date	End Date	Position Held	Status	If PT, Average Number of Hours Worked	Satisfactory Service?
			☐ Full-Time ☐ Part-Time ☐ Per-Diem	□ Weekly □ Bi-Weekly □ Monthly □ Yearly	□ Yes □ No
			☐ Full-Time ☐ Part-Time ☐ Per-Diem	□ Weekly □ Bi-Weekly □ Monthly □ Yearly	□ Yes □ No
			Full-Time Part-Time Per-Diem	☐ Weekly ☐ Bi-Weekly ────────────────────────────────────	□ Yes □ No

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	
Company		Company Number or Email	Date	
COMPLETED I EMAIL:	FORM MUST BE RETURNED DI salary@philasd.org	RECTLY BY THE FORMER EMPLOYER TO	:	
U.S. MAIL:	The School District of Phila Certification Office 440 N. Broad St, Suite 222 Philadelphia, PA 19130	•		
	Philadelphia, PA 19130			