

**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.

Start Date	End Date	Position Held	Status	If PT, Average Number of Hours Worked Per Week	Length of Year	Employment Type	Satisfactory Service?
			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		<input type="checkbox"/> 12 Month <input type="checkbox"/> 10 Month	<input type="checkbox"/> Permanent <input type="checkbox"/> Long Term Sub <input type="checkbox"/> Per Diem Sub	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		<input type="checkbox"/> 12 Month <input type="checkbox"/> 10 Month	<input type="checkbox"/> Permanent <input type="checkbox"/> Long Term Sub <input type="checkbox"/> Per Diem Sub	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		<input type="checkbox"/> 12 Month <input type="checkbox"/> 10 Month	<input type="checkbox"/> Permanent <input type="checkbox"/> Long Term Sub <input type="checkbox"/> Per Diem Sub	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Official Seal or Stamp:

