

THE SCHOOL DISTRICT OF PHILADELPHIA

PRIOR EXPERIENCE VERIFICATION FORM FOR NURSES AND VOCATIONAL TEACHERS

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 _____

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)

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?
			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Per-Diem	_____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Per-Diem	_____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Per-Diem	_____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	<input type="checkbox"/> Yes <input type="checkbox"/> 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 FORM MUST BE RETURNED DIRECTLY BY THE FORMER EMPLOYER TO:

EMAIL: salary@philasd.org
 FAX: 215-400-4613
 U.S. MAIL: The School District of Philadelphia
 Certification Office
 440 N. Broad St, Suite 222
 Philadelphia, PA 19130