

# THE SCHOOL DISTRICT OF PHILADELPHIA

## PRIOR EXPERIENCE VERIFICATION FORM FOR TEACHERS, COUNSELORS, PSYCHOLOGISTS, OCCUPATIONAL THERAPISTS, PHYSICAL 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)

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

**Official Seal or Stamp:**

