



"Our Focus is Teaching and Learning"

VERIFICATION OF TEACHING EXPERIENCE

Complete the verification form for the applicant listed below and fax it to the Personnel Department at (662) 373-1984. Also, mail the original to Tunica County School District, Attn: Personnel, P. O. Box 758, Tunica, MS 38676 or email to tcsdpersonnel@tunicak12.org.

EMPLOYEE'S NAME _____ SOCIAL SECURITY# _____

DISTRICT/COMPANY _____

List each year separately

Company/School	Beginning Date	Ending Date	Position	No. Of Days Worked	No. Of Days In School Year	Full Time, Part Time Or %

Total Years of Experience: _____ Months _____ Days _____
 (Complete if Applicable)

The above school district is fully accredited by the _____

 Signature of Authorized Official Title

 Address of School District/Company Telephone

Date Prepared _____

Revised: 5/27/16

