

**BRADFORD COUNTY SCHOOL DISTRICT – Verification of Professional Experience**

Employee Name \_\_\_\_\_

**EXPERIENCE INFORMATION**

Please complete the employment verification form for the designated employee. *List each year separately.* When indicating part-time experience, please list the number of hours taught per day. Do not list substitute teaching, including long term substitute teaching. *Leaves of absences need to be clearly identified.* You may duplicate this form as needed. **ALL COLUMNS MUST BE COMPLETED TO GRANT EXPERIENCE.** The employee will not be granted credit for any year for which he/she did not receive a satisfactory performance evaluation. The final column is very important. Thank you in advance for your cooperation.

School	Dates of Service		Total Days in School Year	Actual Days Paid	Status Full Time/Part Time	Hours Per Day	Held State Certificate? Yes/No	Subject(s) taught: Math, Science, ELA, S.S.	Grade Level	Public or Private**	Satisfactory Evaluation Received (Yes/No)
	Beginning Mo/Day/Yr	Ending Mo/Day/Yr									

\*\*If this experience was earned at a private school, was the school accredited? Yes \_\_\_\_\_ No \_\_\_\_\_

Date(s) of Accreditation: \_\_\_\_\_ Accrediting Agency: \_\_\_\_\_

\*\*If this experience was earned at a college or university, 1) Was the employee a student while teaching? Yes \_\_\_\_\_ No \_\_\_\_\_

2) Was the employee an adjunct? Yes \_\_\_\_\_ No \_\_\_\_\_

FOR FLORIDA EXPERIENCE ONLY: Did this teacher hold continuing contract or professional service contract? Yes \_\_\_\_\_ No \_\_\_\_\_

**AFFIX  
BOARD SEAL  
HERE**

DATE \_\_\_\_\_

*I certify that all information listed above is complete and correct according to the official records on file in the school system/institution providing verification.*

\_\_\_\_\_  
Signature of Superintendent or Authorized Official      Typed or Printed Name      Title      Date

\_\_\_\_\_  
Street Address/City/State/Zip Code      Telephone Number including Area Code



**SCHOOL BOARD OF BRADFORD COUNTY**  
*Non-Instructional Experience Verification*

TO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee's Name \_\_\_\_\_ SS# \_\_\_\_\_

Please complete the employment verification for the designated employee. **LIST EACH YEAR SEPARATELY. VERIFY ONLY PERMANENT EMPLOYMENT (NOT OPS, SUBSTITUTING, OR TEMPORARY EMPLOYMENT).**

Job Title	Dates of Service		Duties
	From	To	

I certify that all information listed above is complete and correct according to the official records on file.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

Return Form to:       Bradford County School District  
                                  Attn: Human Resources  
                                  501 W. Washington Street  
                                  Starke, FL 32091

AFFIX  
BOARD SEAL  
HERE