Moss Point School District

ADMINISTRATIVE OFFICES
4924 Church Street, Moss Point, MS 39563
(228) 475-4558; (228) 474-4964 (fax)
www.mpsdnow.org

VERIFICATION OF TEACHING EXPERIENCE - CERTIFIED

To District Human Resources: _____ Fax: _____

Name of Applicant: _____ Social Security Number (Last 4): _____

Signature of Applicant: _____

The teacher listed above has applied for employment with the Moss Point School District. It is necessary that we verify all previous teaching experience in order to compute the salary for this individual. Please complete all required information below, ***using one line for each school year*** of experience.

Note: *Miss. Code Ann. § 37-151-5(m)* The term "year of teaching experience" shall mean nine (9) months of actual teaching in the public or private schools In no case shall more than one (1) year of teaching experience be given for all services in one (1) calendar or school year. If a teacher exceeds the number of days (45 days) established by the State Board of Education that a teacher may not be under contract but may still be employed, that teacher shall not be credited with a year of teaching experience. (For a full description please refer to the MS Code)

*Educational experience as an intern, graduate assistant, student teacher or in positions such as substitute teacher, aide, or clerical worker, **will not** be considered appropriate.*

Return form by mail to **Human Resources, 4924 Church Street, Moss Point, MS 39563, email to hr@mpsdnow.org, or fax to number above.**

School Year	Dates of Service		Length of School Term (Days)	Number of Days Taught	Position	Subject/Grade	Full-time or Part-time	School State Accredited? (Yes or No)
	Start Date mm/dd/yyyy	End Date mm/dd/yyyy						

Please verify your school system: _____ Public School _____ Private School Did this applicant retire from your school system? _____
Is this applicant eligible for rehire? _____

I hereby certify that all information cited above is true and correct to the best of my knowledge and belief.

School District: _____ Authorized Printed Name: _____

District Address: _____ Telephone: _____

Authorized Signature: _____ Title: _____ Date: _____