COAHOMA COUNTY SCHOOL DISTRICT
Committed to Caring...Dedicated to Excellence
P.O. Box 820 1555 Lee Drive
Clarksdale, MS 38614

PHONE: (662)624-5448 FAX: (662)624-5512

VERIFICATION OF PREVIOUS TEACHING EXPERIENCE

A separate form must be completed for each district.

Employee Information: *(Employee please complete the information below)*

Full Name:		Date of Birth:	
Home Address:		Social Security Number:	
City, State, Zip Code:		Phone Number:	

I hereby authorize the release of all information requested on my behalf.

_____ _____

Employee Signature Date

Previous District/Employer: _____

This is to certify that _____ has served satisfactorily in our district/school/organization in the following position(s) during the dates indicated:

Name of District/School/Organization	Dates of Service		Total Number Months Taught	Position/ Grade Level	District/School/ Site Accredited?
	Start Date (Month/Year)	End Date (Month/Year)			
					☐ YES ☐ NO ☐ N/A
					☐ YES ☐ NO ☐ N/A
					☐ YES ☐ NO ☐ N/A
					☐ YES ☐ NO ☐ N/A

I certify that all the information listed above is complete and accurate according to the records on file. I further certify that our district/school/organization was fully accredited during the service dates indicated above.

District Official Completing Form Title Organization Address City State Zip

Date Official Seal Area Code and Telephone Number

Return completed form to: **Coahoma County School District**
Human Resources
P.O. Box 820 | 1555 Lee Drive
Clarksdale, MS 38614

OR

EMAIL to: CCSDHumanResources@coahoma.k12.ms.us