

Prior Years of Credible Service Form

DIRECTIONS: A report verifying experience must be completed by the appropriate organization. The applicant has had a total of at least one year of full-time and or part-time contractual related experience or held other professional positions in an organization/educational agency. The completed form must be submitted to this office by the applicant along with all other items required for employment verification. Please complete a form for each agency/organization for prior experience review.

Last Name:	First Name:	Middle Name:	Suffix (Jr., Sr., III)
Last Four Social Security Number:		Or Virginia License #	
Address of Applicant (Street or P.O. Address)			
City, State, Zip code:			

Name of Organization/Educational Agency	Position Held	Details of Experience	Length of Service (Month/ Year To Month/Year)	Hours worked per day	Status: (Full time, part-time, or temporary)

Total number of years of full-time experience: _____

Total number of year of full-time experience in administration and/or supervision: _____

Total number of years of full-time experience in an education sector _____

By my signature, I verify that the above-named person was successfully employed full time, part-time under in the above organization for the period(s) listed above.

Signature: _____

Date: _____

Name: _____

Title: _____

Organization/
Educational Agency: _____

Address: _____

Phone Number: _____

Email Address: _____

Official Use Only:
Approved ☐ Denied ☐
Additional Notes: