

**PRIOR WORK EXPERIENCE FORM**

Human Resources  
 PORTLAND PUBLIC SCHOOLS  
 P.O. Box 3107  
 Portland, OR 97208-3107  
**FAX # 503 916 3107**

To: \_\_\_\_\_

This will authorize you to verify my teaching experience from:

\_\_\_\_\_ Beginning Date of Employment

to

\_\_\_\_\_ Ending Date of Employment

\_\_\_\_\_ School District, College or University

\_\_\_\_\_ Address

\_\_\_\_\_ City, State, Zip

\_\_\_\_\_ Full name at time of employment

\_\_\_\_\_ Print or Type Name

\_\_\_\_\_ Former name under which records may be filed

\_\_\_\_\_ Social Security Number

\_\_\_\_\_ Signature

**THIS SECTION TO BE COMPLETED BY THE EMPLOYER ONLY - PLEASE RETURN THIS VERIFICATION FORM WITHIN 60 DAYS**

Verification of Teacher/Instructor Employment

Salary Placement is dependent upon verification of experience. Please certify that the teacher whose signature appears above was employed in a teaching position as a regularly employed teacher/instructor on a full or part-time basis. **Do not include substitute teaching, tutoring, interning, or other work done outside of regular employment and assignments as a teacher.**

Please fill in the beginning and ending dates for each year of employment. If the employment is less than a full academic year of 135 days (or more), please indicate the exact number of days paid. Use reverse side if more space is needed.

From			To			Type of Service / Position	Actual No. of days employed	Check one column		
Month	Day	Year	Month	Day	Year			Full time	One-half time but not full time	Less than half time

\_\_\_\_\_  
 Typed or Printed Name of Official

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Official Position

AGENCY VERIFYING EMPLOYMENT SHOULD MAIL THIS FORM DIRECTLY TO:  
 PORTLAND PUBLIC SCHOOLS – HUMAN RESOURCES  
 P.O. BOX 3107, PORTLAND, OR 97208-3107  
**OR FAX TO: HUMAN RESOURCES # 503-916-3107**

