



708 St. Louis Street • P.O. Box 250  
 Edwardsville, Illinois 62025  
 Telephone: (618) 656-1182  
 Fax: (618) 692-7423  
 www.ecusd7.org  
 Dr. Jason Henderson, Superintendent



## VERIFICATION OF TEACHING EXPERIENCE

**SECTION I: TO BE COMPLETED BY APPLICANT. APPLICANT MUST SEND THIS FORM TO ALL EMPLOYERS TO VERIFY CONTRACTED TEACHING EXPERIENCE.**

Last Name	First Name	Middle	Maiden
Address	City	State	Zip
Phone:		Email:	
Social Security #:			
I hereby give my former and/or current employer permission to release any and all information required in Section II.			
Legal signature of applicant			Date

**SECTION II: TO BE COMPLETED BY EMPLOYING SCHOOL SYSTEM**

The above named individual was employed as a teacher in our school system as verified below.

School Year(s) mmyy-mmyy	Contractual Days in School Year	Actual Days taught in School Year	Full-Time	Part-Time	Grade/Subject Area Taught

Name of School District			
Address	City	State	Zip
Administrator's name (print or type)	Administrator's position	Phone number	
Administrator's signature			

**Please return via fax:** 618-692-7423; Attn: Personnel Dept  
**or mail to:** Edwardsville CUSD7, Personnel Dept., 708 Saint Louis St., Edwardsville, IL 62025