

ORCHARD FARM R-V SCHOOL DISTRICT

3489 Boschertown Road, St. Charles, MO 63301 636.925.5400 (f) 636.925.5417

SCHOOL EXPERIENCE VERIFICATION

| SECTION I: TO BE COMPLETED BY THE APPLICANT. APPLICANT MUST SEND TO ALL PREVIOUS EMPLOYERS TO VERIFY CONTRACTED TEACHING EXPERIENCE FOR CORRECT PLACEMENT ON THE SALARY SCHEDULE. | | | | | | | |
|--|----------------------|--|--|------------------------------------|-------------|--------------------------------------|-------------------|
| LAST 4 DIGITS OF SSN | | ·*_**_ | | | | | |
| CURRENT NAME (LAST, FIRST, MI) | | | | | | | |
| MAIDEN/FORMER NAMES | | | | | | | |
| DATES OF EMPLOYMENT | | | | | | | |
| LEGAL SIGNATURE OF A | DATE | | | | | | |
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| SECTION II: TO BE COMPLETED BY PREVIOUS EMPLOYING SCHOOL SYSTEM. The above listed applicant has been employed by our school district. We would like official documentation of previous employment | | | | | | | |
| to ensure accurate placement on our salary schedule. Please complete this form and return within 10 days to Human Resources. | | | | | | | |
| BEGINNING DATE OF EMPLOYMENT | | ENDING DATE OF EMPLOYMENT | | TOTAL YEARS TAUGHT FOR DISTRICT | | TENURED TEACHER IN YOUR DISTRICT? | |
| SCHOOL YEAR | FULL OR PART TIME | NUMBER OF DAYS SERVED UNDER CONTRACT | NUMBER OF DAYS IN FULL SCHOOL YEAR FOR POSITION HELD | SUBJECT AREA(S) TAUGHT | | | GRADE LEVEL(S) |
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| SCHOOL PHONE NUMBER | | | | | | | |
| SCHOOL ADDRESS | | | | | | | |
| CITY, STATE, ZIP CODE | | | | | | | |
| ADMINISTRATOR 'S NAME (PRINT OR TYPE) | | | | TITLE | | | |
| ADMINISTRATOR'S SIGNATURE | | | | DATE | | | |
| PLEASE RETURN THIS FORM DIRECTLY TO ORCHARD I | | | | | L DISTRICT. | | |
| FAX (636) 925-5417 OR <u>hr@ofr5.com</u> OR mail to: | | | | | | | |
| Orchard Farm School District c/o Human Resources | | | | | | | |
| 3489 Boschertown Road St. Charles MO 63301 | | | | | | | |