



STATEMENT OF NURSING EXPERIENCE

Name of Applicant _____ SS# _____

INSTRUCTIONS: This form should be sent by the applicant to the designated personnel official who will complete and return it to Mobile County Public Schools Division of Human Resources at the above address. Experience credit cannot be granted until this form has been completed and notarized or stamped with the institutions's seal, and received in the Division of Human Resources. By signing below, you are authorizing your former employer to furnish the information requested on this form to the Board of School Commissioners of Mobile County. The applicant shall be responsible for requesting verification of prior experience from the designated personnel official and for making certain that the form sent is acceptable by Mobile County.

Signature _____ Date _____

- 1. Name of Institution _____
2. Address _____ Telephone _____
3. Please complete all boxes for the information requested below.

Table with columns: Dates of Service (From, To), Position, Satisfactory Performance? (Yes, No)

4. Check one:
Public school Private/Parochial school Public College/University Hospital/Clinic

I certify that all information pertaining to the above is true and correct to the best of my knowledge and belief.

Signature of Authorized Individual _____ Date _____

Sworn to and subscribed before me this _____ day of _____ 20_____

My Commission Expires _____ Seal and Signature of Notary Public _____

POLICY REGARDING NURSING EXPERIENCE CREDIT

For policy information regarding credit for nursing experience, please refer to the MCPSS Salary Schedule.