



Mobile County PUBLIC SCHOOLS

DIVISION OF HUMAN RESOURCES
POST OFFICE BOX 180069 MOBILE, AL 36618
(251) 221-4500
CERTIFIED@MCPSS.COM

STATEMENT OF TEACHING / PARAPROFESSIONAL WORK EXPERIENCE

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 or email address. Experience credit cannot be granted until this form has been completed and notarized or stamped with the school system's seal and received in the Division of Human Resources. **Experience approval will be contingent on verification requirements set forth by MCPSS.** 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.

TO BE COMPLETED BY APPLICANT

Name of Applicant _____ Last 4 SSN _____
(Full Legal Name)
Signature _____ Date _____

TO BE COMPLETED BY CURRENT AND/OR PREVIOUS EMPLOYER:

Name of School System _____
Address _____ City, State & Zip _____
Contact Person _____ Telephone _____ Email _____

Please complete all boxes for the information requested below. **Use a separate line for each school year.**

<u>Dates of Service</u> Month/Day/Year		# of Contract Days in the SY	# of Actual Days Worked in SY	Position Title (Grade 2, Paraprofessional, Teacher's Aide, etc.)	Employed Full-Time	
From	To				Yes	No

Check one:

Public School

Regionally Accredited
Private School

Non-Regionally Accredited
Private School

College/University

Is your school system registered with a
State Department of Education?

YES

NO

Is the applicant referenced above
currently under contract?

YES

NO

Signature of Superintendent/Authorized Official

Date

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

My Commission Expires

Seal and Signature of Notary Public

Name of Applicant _____ Last 4 SSN _____

To be used for additional years of service:

<u>Dates of Service</u> Month/Day/Year		# of Contract Days in the SY	# of Actual Days Worked in SY	Position Title (Grade 2, Paraprofessional, Teacher's Aide, etc.)	Employed Full-Time	
From	To				Yes	No

POLICY REGARDING TEACHING AND PARAPROFESSIONAL EXPERIENCE CREDIT

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