



Mobile County PUBLIC SCHOOLS

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

STATEMENT OF TEACHING 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.

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	Certified Position Title	Employed Full-Time	
From	To				Yes	No

Credit shall be given only for **public school teaching** experience in-field for which full pay was received and for which a **valid professional teaching certificate was held by the applicant.** **ALSDE does not recognize private school experience.**

1. Did applicant attain tenure? _____ Is applicant currently under contract? _____
2. Is this a public school? _____ Private/parochial school? _____ Public college/university? _____

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

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**

