

# VERIFICATION OF TEACHING EXPERIENCE

Human Resources Division  
Contracting Services  
702-799-5332

## Section A – To be Completed by the Employee

Employee Name (Please Print Clearly) \_\_\_\_\_ Social Security No. (Last Four Digits) XXX-XX- \_\_\_\_\_ Employee Signature \_\_\_\_\_

## Section B – To be Completed by the Previous Employer

This is to certify that the above named person was employed with \_\_\_\_\_  
Name of School District or State Approved Private School

County of \_\_\_\_\_ State of \_\_\_\_\_ for the period stated below:

**Please list each school year separately. Do not list substitute work. Salary placement will be based on the information provided. Please be specific. Attach additional sheets if necessary.**

School Year	Dates of Service From To	Contracted Days Available	# of Days Worked	Full/Part-time	Position/Title

Total days employed per week \_\_\_\_\_ Total hours employed per week \_\_\_\_\_

Is the school licensed by the State or governmental entity, or accredited by a national accrediting association for private schools? Yes \_\_\_\_\_ No \_\_\_\_\_

## Section C – To be Completed by a Nevada Public School District or Nevada Charter School Only

Has employee previously received a \$2,000 teaching bonus from your district or charter school? Yes _____ No _____	Unused sick leave: _____ Days/Hours	Was Nevada probation completed? Yes _____ No _____	Was contract year completed? Yes _____ No _____
Years of experience in your district:	Salary Step:	Was first step "0"? Yes _____ No _____	Salary Class:

I certify the above information to be true and correct.

Printed Name of Official Representative \_\_\_\_\_ Title \_\_\_\_\_ Authorized Signature \_\_\_\_\_  
School Address \_\_\_\_\_ Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

**Official School Seal or Stamp Required:**



**Please mail directly to:** Clark County School District  
Human Resources Division  
Contracting Services  
2832 East Flamingo Road, Suite 403  
Las Vegas, NV 89121