



GOVERNMENT OF THE UNITED STATES OF THE VIRGIN ISLANDS

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DEPARTMENT OF EDUCATION
DIVISION OF HUMAN RESOURCES

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St. Thomas, Virgin Islands 00802

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STATEMENT OF PROFESSIONAL EXPERIENCE

Title, Last name, First name, Middle or Maiden Name, Social Security Number, Date of Birth (MM/DD/YY)

Employer Section:

The information listed below is to be completed by the current or previous employer (Superintendent, Headmaster, Agency Director, or Designated Personnel Officer). Principals are not authorized to sign this form unless they are the designated personnel officer. Please note that if verifying college experience, only full-time college experience can be accepted. (One year of full-time teaching experience at a college or university is defined as teaching 9 semester hours each semester for two consecutive semesters.) Use one line for each change in status. Do not include leave of absence periods. Please verify only full-time or consecutive years of half-time educational employment experience.

Table with 6 columns: School District Or Institution, State, Regional Or State Accreditation?, Dates of Service (From, To), Ratings on Performance Reviews, Grades and Subjects Taught Major Portion of School Day *

- If Special Education was taught, please identify the disability served (e.g. BD, LD, MR, cross-categorical, etc.)
If Middle Grades or Special Education was taught please Identify the specific concentration area(s)

Name of Authorized Official (Please print or type)

Signature of Authorized Official

Date

Title

School System, Agency, Private Institution

Phone number City, State, Zip

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