



GOVERNMENT OF THE UNITED STATES OF THE VIRGIN ISLANDS

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DEPARTMENT OF EDUCATION
DIVISION OF HUMAN RESOURCES

2133 Hospital Street
Christiansted, St. Croix
Virgin Islands 00820-4665
Tel: (340) 772-3848
Facsimile: (340) 773-5844

#44-46 Kongens Gade
St. Thomas, Virgin Islands 00802
Tel: (340) 774-0100
Facsimile: (340) 774-2915
Web: <http://www.teachusvi.net>

STATEMENT OF PROFESSIONAL EXPERIENCE

Title Mr Ms **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.

School District Or Institution	State	Regional Or State Accreditation? (Yes/No)	Dates of Service		Ratings on Performance Reviews	Grades and Subjects Taught Major Portion of School Day *
			From mm/dd/yy	To mm/dd/yy		
					<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
					<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
					<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
					<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
					<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	

- 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)

Title

Phone number

City, State, Zip

Signature of Authorized Official

Date

School System, Agency, Private Institution

This space is for institutional seal.
If not available, provide official letter of certification.

SEAL