

**CLEVELAND SCHOOL DISTRICT**  
**Attn: Personnel**  
**305 MERRITT DRIVE**  
**CLEVELAND, MS 38732**

Phone: 662-843-3529

FAX: 662-579-3090

personnel@cleveland.k12.ms.us

**TEACHING EXPERIENCE VERIFICATION**  
**(Form may be mailed, faxed, or e-mailed)**

**TO RECEIVING SUPERINTENDENT:** The individual named below has been employed by the Cleveland School District. In order for this individual to receive credit for prior experience on our salary schedule, it is necessary for us to have the information requested below. Your prompt reply will aid us greatly and certainly will be of benefit to your former employee.

(\*Applicant must fill in)

\*Name \_\_\_\_\_

\*Soc. Sec # : \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_

\*Name Taught Under, if Different from Above

This is to certify the above named individual was a regular full-time employee of the:

\_\_\_\_\_  
Name of School System

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

for the period(s) listed below:

School Year	FROM: Month/Day/Year	TO: Month/Day/Year	Position	No. Of Months Taught

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date