



**FORM E/NT:
 VERIFICATION OF NON-TEACHING EXPERIENCE**

*Including: mental health, public health, social work, life skills, and child welfare, Administrator, School Psychologist

Applicant: Complete TOP section ONLY, then forward this form to your previous employer(s).

This form **must** be mailed by **US Mail** to the above address **or** emailed **by** your former employer to: **deeds@doe.k12.de.us**.

Forms submitted directly by the applicant will not be accepted.

This section is to be completed by the Applicant

Print NAME: (Last, First, Middle, Maiden)				SOCIAL SECURITY #	
ADDRESS:		CITY:	STATE:	ZIP:	
APPLICANT SIGNATURE:				DATE:	

Personnel Officer: Please verify employment for the applicant.

Print NAME of Personnel Officer and Title:		OFFICER SIGNATURE:	DATE:
EMPLOYER NAME and ADDRESS:		EMAIL ADDRESS	PHONE#:

DATES OF SERVICE: FROM: MM/DD/YY	DATES OF SERVICE: TO: MM/DD/YY	Full-Time Y/N	Part-Time Y/N	TOTAL HRS PER WEEK	SUMMATIVE EVALUATION	TOTAL MONTHS PER YEAR
					Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>	
					Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>	

Brief description of job responsibilities: