Salina Public Schools
USD #305
1511 Gypsum Avenue
PO Box 797
Salina, KS 67401

For Office Use Only
Professional ENO: _____
Credentials Verified: _____

VERIFICATION OF NON-TEACHING PROFESSIONAL EXPERIENCE

Employee's Name: _____ Social Security Number: _____
Last First Middle Maiden

This record is to be used to evaluate the experience of the person indicated above. In order to evaluate this experience ALL information must be completed.
This information will be used for determining salary placement.

ACCREDITATION/LICENSURE STATUS:

☐ Yes, the Business was accredited/licensed for the years listed below:
Name of Accrediting/Licensing Agency: _____

☐ No, the Business was NOT accredited/licensed for the years listed below:

CERTIFICATION/LICENSURE STATUS:

☐ Yes, the employee held a valid License while employed:
State: _____ Validity Dates: _____to _____
2 Ltr Code (mm/dd/yy) (mm/dd/yy)
*Please list the Licensing Agency*_____

☐ No, the employee did NOT hold a valid License during his/her employment.

NAME AND ADDRESS OF THE BUSINESS

_____
Name of Business

_____
Street Address **City** **State** **Zip Code**

_____
Typed Name & Title of Certifying Official

_____
Signature of Certifying Official

(_____)_____
Telephone Number

USE A SEPARATE LINE FOR EACH BUSINESS AND/OR POSITION AND COMPLETE ALL COLUMNS

State	County	Business	Dates of Service From MM/DD/YY To MM/DD/YY		Position	Full Time/Part Time (If part time please indicate hrs/per day worked)	Number of days worked per year	Number of Days in Full Year

Please verify by using your official seal or stamp in the lower right corner