

TEACHER'S RECORD

NAME

SOCIAL SECURITY NUMBER

TEACHING EXPERIENCE IN PENNSYLVANIA PUBLIC SCHOOL DISTRICTS (PRESENT OR MOST RECENT FIRST)

Dates		Name of Employer	Your Title
From			
To			

Dates		Name of Employer	Your Title
From			
To			

Dates		Name of Employer	Your Title
From			
To			

Dates		Name of Employer	Your Title
From			
To			

TEACHING EXPERIENCE OUTSIDE OF PENNSYLVANIA PUBLIC SCHOOLS (PRESENT OR MOST RECENT FIRST)

Dates		Name of Employer	Your Title
From			
To			

Dates		Name of Employer	Your Title
From			
To			

Dates		Name of Employer	Your Title
From			
To			

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith

Signature of Teacher: _____ Date: _____