Adjunct Teaching Certificate
Verification of Work Experience

South Carolina Department of Education
Office of Educator Services
849 Learning Lane
West Columbia, SC 29172

Applicants for an Adjunct Teaching Certificate must submit verification of five years of occupational experience within the past ten years in, or related to, the content field of the certificate for which the individual is applying. Please use this form to verify this experience. Please attach a resume.

Name (Last, First, Middle, Maiden): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Area Seeking Adjunct Teaching Certificate: _____

The State Department of Education reserves the right to contact previous employers to verify your work experience. This form will not be accepted if it does not include the name of a contact and phone number for each employer.

Name of Company	Begin Date of Employment	End Date of Employment	Total Months Employed	Average Hours Per Week	Employer Contact	Phone
Position One:						

Experience related to certification: _____

Name of Company	Begin Date of Employment	End Date of Employment	Total Months Employed	Average Hours Per Week	Employer Contact	Phone
Position Two:						

Experience related to certification: _____

Name of Company	Begin Date of Employment	End Date of Employment	Total Months Employed	Average Hours Per Week	Employer Contact	Phone
Position Three:						

Experience related to certification: _____

Name of Company	Begin Date of Employment	End Date of Employment	Total Months Employed	Average Hours Per Week	Employer Contact	Phone
Position Four:						

Experience related to certification: _____

Name of Company	Begin Date of Employment	End Date of Employment	Total Months Employed	Average Hours Per Week	Employer Contact	Phone
Position Five:						

Experience related to certification: _____

I certify that the information shared above is correct and I understand that my eligibility for an Adjunct Teaching Certificate could be revoked if I have provided false information.

Applicant Signature: _____ Date: _____