**GEORGIAN COURT UNIVERSITY**

School of Education
900 Lakewood Avenue, Lakewood NJ 08701

**Record of Full-time Educational Work Experience**

* Use one form per employer
* **PRINT** – Blue or Black ink
* School of Education **MUST** receive the **ORIGINAL** form

***Applicant Information****:*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Last Name** |  **First Name** | **Middle Initial** |
| **Social Security Number** |  |  |

***Successful Full-time Educational Work Experience***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Position Held****(Teacher, Principal, etc.)** | **Name of Certificate Requesting** **(required for position)** | **If “TEACHER” indicate subject taught** | **Grade Level** | **Start Date** | **End Date** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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**I verify that this record is correct and contains all *successful full-time* work experience**

|  |  |  |  |
| --- | --- | --- | --- |
| Print Name: |  | School District: |  |
| Signature: |  | Name of School: |  |
| Title: |  | Address: |  |
| Phone Number: |  |  |  |
| Email: |  | Date: |  |