



Catholic Independent Schools of Vancouver Archdiocese

REQUEST FOR CONFIRMATION OF PREVIOUS TEACHING EXPERIENCE

Teacher: Please complete this section of the form and submit a copy to *each* of your former school districts. Please note that this form *must* be completed and signed off by a representative from the department responsible for the administration of teaching experience and/or salary in order for your experience to be credited.

 (Surname)

 (First Name)

To be completed by previous school district: This individual is seeking a teaching position with the Catholic Independent Schools of the Vancouver Archdiocese. Our District requires an official confirmation of this candidate's previous teaching experience with your District. Please complete and return this document to the attention of Human Resources. Thank you for attending to this matter.

Day / Month / Year		Day / Month / Year	FTE	% if less than FTE
From ___/___/_____	to	___/___/_____	_____	_____
From ___/___/_____	to	___/___/_____	_____	_____
From ___/___/_____	to	___/___/_____	_____	_____
From ___/___/_____	to	___/___/_____	_____	_____
From ___/___/_____	to	___/___/_____	_____	_____
From ___/___/_____	to	___/___/_____	_____	_____
From ___/___/_____	to	___/___/_____	_____	_____
From ___/___/_____	to	___/___/_____	_____	_____
From ___/___/_____	to	___/___/_____	_____	_____
From ___/___/_____	to	___/___/_____	_____	_____

Example:
From _01_/ _09_/ 2019 to _31_/ _08_/2020 _100%_

TOTAL: _____ years _____ months

Highest qualification held during this period: _____

PLEASE CONFIRM: Was the teacher required to hold a valid government issued teaching certificate in order to be employed with your organization? YES NO

I hereby certify that the above-named teacher taught for the duration indicated above.

 (Official School District Name & District Number)

 (Province/State)

District Representative (Name): _____

Business #: _____

Title: _____

Email: _____

Signature: _____

Date: _____