

VERIFICATION OF PREVIOUS TEACHING EXPERIENCE

The below noted teacher has applied for a teaching position with the Catholic Independent Schools Vancouver Archdiocese. In order that he/she may receive correct salary credit for previous teaching experience the form below must be completed. Please forward the completed form to:

**Catholic Independent Schools of Vancouver Archdiocese
c/o Superintendent
John Paul II Pastoral Centre
4885 Saint John Paul II Way
Vancouver, BC V5Z 0G3
Phone: (604) 683-9331 Fax: (604) 687-6692**

This is to certify that:

TEACHER'S NAME

S.I.N.

Taught for this school authority as indicated below. Please show any breaks in continuous service.

<u>DAY</u>	<u>MONTH</u>	<u>YEAR</u>	to	<u>DAY</u>	<u>MONTH</u>	<u>YEAR</u>	<u>FULL TIME</u>	<u>% IF LESS THEN FT</u>
_____	_____	_____		_____	_____	_____	_____	_____
_____	_____	_____		_____	_____	_____	_____	_____
_____	_____	_____		_____	_____	_____	_____	_____
_____	_____	_____		_____	_____	_____	_____	_____

TOTAL: _____ years _____ months

Highest qualification held during this period: _____

Dated at _____ this _____ 20____.
CITY DATE

SIGNATURE

TITLE

OFFICIAL NAME OF SCHOOL AUTHORITY

ADDRESS

CITY

PROVINCE

POSTAL CODE

PHONE#

FAX#