



## PROFESSIONAL EXPERIENCE REPORT

**Please Return Form to Uintah School District within Six Weeks of Applicant's USD Hire Date\***

**CLASSIFIED POSITIONS**

**SECTION 1: TO BE COMPLETED BY APPLICANT: \* Uintah School District Hire Date \_\_\_\_\_**

Please complete the top portion of this form and send it to your past and current employer(s), who should then send the form to the Human Resources Department of Uintah School District.

Name-Last, First, Middle:	Maiden/Formal Name:
Address:	Date of Birth:
City, State, Zip	Last 4 digits of Social Security Number:
Telephone Cell:	Telephone Home:

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**SECTION 1: TO BE COMPLETED BY CURRENT OR FORMER EMPLOYER:**

Based on personnel records, please complete and return form to the Human Resources Department of Uintah School District.

WORK EXPERIENCE	FROM Month/ year	TO Month/ year	TOTAL MONTHS WORKED
FULL-TIME Job Description, Duties:			
PART-TIME Job Description, Duties:			
Employer:	Signature of Supervisor or Human Resources Director:		Address:
Telephone:	Title:		Date:

