Indian River School District
31 Hosier Street
Selbyville, DE 19975
(302) 436-1000

Delaware School Districts only:
# of Days of Accrued Sick Leave _____

FORM E/NT:
VERIFICATION OF NON-TEACHING EXPERIENCE

*Including: Mental Health, Social Work, School Psychologist, Paraprofessional, Administrative Assistant, Custodian, Nutrition Services, & Administrator

Applicant: Complete TOP section ONLY, *then* **forward** this form **to your previous employer(s).**
This form ***must*** be mailed by **US Mail** to the above address **or** emailed ***by your former employer*** to:
irsd.personnel@irsd.k12.de.us
Forms submitted directly by the applicant will not be accepted.

This section is to be completed by the Applicant			
Print NAME: (Last, First, Middle, Maiden)			SOCIAL SECURITY #
ADDRESS:	CITY:	STATE:	ZIP:
APPLICANT SIGNATURE:			DATE:

Personnel Officer ONLY: *Please verify employment for the applicant.*

Print NAME of Personnel Officer and Title:	OFFICER SIGNATURE:	DATE:
EMPLOYER NAME and ADDRESS:	EMAIL ADDRESS	PHONE#:

DATES OF SERVICE: FROM: MM/DD/YY	DATES OF SERVICE: TO: MM/DD/YY	Full-Time Y/N	Part-Time Y/N	TOTAL HRS PER WEEK	SUMMATIVE EVALUATION	TOTAL MONTHS PER YEAR
					Satisfactory ☐ Unsatisfactory ☐	
					Satisfactory ☐ Unsatisfactory ☐	

Brief description of job responsibilities: