

*Virginia Department of Education
Division of Teacher Education and Licensure
PO Box 2120 • Richmond, VA 23218-2120*

APPLICATION FOR THE CAREER SWITCHER PROGRAM
[PLEASE PRINT OR TYPE]

Report on Experience
(THIS FORM MUST BE RETURNED TO THE APPLICANT)

DIRECTIONS: A total of three years of full-time successful work experience, or its equivalent, is required as a prerequisite to the Career Switcher Program. This form must be completed to verify this experience.

Last Name	First Name	Middle Name
Social Security Number _____ - _____ - _____		
Address of Applicant (Street, City, State, Zip Code) 		

NAME OF EMPLOYER	POSITION HELD	LENGTH OF SERVICE (MONTH/YEAR TO MONTH/YEAR)

BRIEF DESCRIPTION OF MAJOR DUTIES AND RESPONSIBILITIES

Total number of years of full-time experience with this employer: _____

Total years of part-time work experience with this employer: _____

By my signature, I verify that the above-named person was successfully employed for the period(s) listed above.

DATE: _____

SIGNATURE: _____

NAME: _____

TITLE: _____

COMPANY: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____