



\_\_\_\_\_  
Name of School District  
(Public school/private parochial school/charter school)

\_\_\_\_\_  
City/State

Name of School	Start Date MM/DD/YYYY	End Date MM/DD/YYYY	Position: Grade level, subject taught/assignment	# of days per year	Hours per day

Did this employee have a valid teaching/counseling license during this period of employment?

Yes  No

Did this employee resign in lieu of termination/leave employment with allegations of misconduct or discipline pending? Yes  No

Comment:

Would you rehire this employee?

Yes  No

Comment:

**I certify that the above information is true and correct according to our official records**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date

**Completed form must be faxed or e-mailed by official to 970-254-5286 or [Carter.Ness@d51schools.org](mailto:Carter.Ness@d51schools.org)**

