SANTA ROSA JUNIOR COLLEGE

FACULTY WORK EXPERIENCE VERIFICATION FORM
Human Resources Department

Print Name: _____ _____ _____
Last *First* *M.I.*

Department: _____ Phone: ( )

Please check one: ☐ Adjunct Faculty ☐ Contract Faculty

Please review this form for completion of all required information prior to returning to Human Resources. Credit is only given for Full-Time vocational and/or teaching work experience (use additional forms if necessary). Resumes/attachments or applications will not be accepted.
Note: Submission of false information constitutes fraud and is grounds for disciplinary action.

TO BE COMPLETED BY FACULTY MEMBER

Full-Time Related Work Experience (industrial, technical and professional experience)

☐ Full-Time (40 hours/week) from the dates: _____ to_____ Total Years and months:_____
month/year month/year

Title: _____ Employer:_____

Please describe how this work experience is related to your teaching assignment.

_____
_____
_____
_____

Full-Time Teaching Experience (High School grades 9, 10, 11, 12 or higher only)
Do not include SRJC teaching experience

☐ Full-Time (40 hours/week) from the dates: _____ to_____ Total Years and months:_____
month/year month/year

Title: _____ School Name: _____

Please describe your teaching duties.

_____
_____
_____

I certify that the information above is correct:_____ Date:_____

Human Resources Use Only

Years of Full-Time Related work experience x ½ applied:_____ Years of Full-Time Teaching applied_____

Date Applied:_____ Initials:_____