



# VERIFICATION OF EXPERIENCE



I, \_\_\_\_\_ am applying for a position in an Early Care and Education or School-Age Center in Delaware.  
Printed name of Applicant

*Delacare: Rules for Early Care and Education and School-Age Centers* require that my experience in working with children, **not as a volunteer**, in a group setting be verified. Please complete this form and return it to me at:

Applicant Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant/Employee Date

## TO BE COMPLETED BY EMPLOYER RECEIVING THIS REQUEST

1. Complete name of Employer/Business \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

2. Dates of service for employee: From: \_\_\_\_\_ To: \_\_\_\_\_

3. Position/Title of employee (i.e. teacher, assistant teacher, program coordinator)  
\_\_\_\_\_

4. Brief description of job duties: \_\_\_\_\_  
\_\_\_\_\_

5. Number of hours worked in a typical day: \_\_\_\_ A typical week \_\_\_\_ Months worked per year \_\_\_\_

6. Number of hours worked **directly with children** in a typical day: \_\_\_\_ Children's ages \_\_\_\_

7. Reason for separation from service (Please Check One)  
\_\_\_\_ Laid-off      \_\_\_\_ Resigned      \_\_\_\_ Resigned in lieu of discharge  
\_\_\_\_ Discharged      \_\_\_\_ Abandoned position      \_\_\_\_ Other (Specify) \_\_\_\_\_  
\_\_\_\_ Information not available (Explain)

I hereby swear/affirm that the information provided above is a full and complete disclosure of the facts required, and that the information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Printed name/title of person completing this form

\_\_\_\_\_  
Signature Date