VERIFICATION OF EXPERIENCE

I, ___________________________________ am applying for a position in an Early Care and Education or School-Age Center in Delaware.

Delacare: Regulations for Early Care and Education and School-Age Centers defines “experience” as the practical knowledge or skill gained from documented direct participation in working with children birth through second grade in a group setting for early care and education positions or with children kindergarten through sixth grade in a group setting for school-age positions. 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: ____________________________________________

   ________________________________________

   ( )

   City       State       Phone No.

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. Applying for Early Childhood Qualifications: Number of hours worked directly with children birth through second grade (0-8 years) in a group setting in a typical day: ____

7. Applying for School Age Qualifications: Number of hours worked directly with children kindergarten through sixth grade (5-12 years) in a group setting in a typical day: ____
   
   What are the ages served: ___

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 (can NOT be applicant)

____________________________________        ____________________________

Signature        Date

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