State of New Jersey
DEPARTMENT OF EDUCATION
PO BOX 500
TRENTON, NJ 08625-0500

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

DAVID C. HESPE
Commissioner

STATEMENT OF PRACTICAL EXPERIENCE

Section One must be completed by the applicant. The applicant must then mail this form to past employers who can substantiate **AT LEAST FOUR YEARS** of successful work experience in the relevant trade or occupation approved by the employing district pursuant to criteria and procedures established by the State Department of Education. **Recent work experience is required.** **Teaching within the occupational area CANNOT be applied toward the occupational experience requirement.**

ALL INFORMATION ON THIS REPORT WILL BE STRICTLY CONFIDENTIAL

Section I: THIS SECTION MUST BE COMPLETED BY THE APPLICANT

To Whom It May Concern:

This form is being sent to you in behalf of _____ who was formally
(Applicant's Name)

employed by you in the capacity of _____
(Position or Title)

from (Month)_____ (Year) _____ to (Month)_____ (Year)_____ so that an evaluation

for a New Jersey License to teach_____ can be determined.

Section II: SECTIONS II THROUGH V MUST BE COMPLETED BY THE EMPLOYER

Applicant's Title/Position:_____

Dates Employed: Month_____ Year _____ to Month_____ Year_____

Hours Employed: *Full Time_____ Hours Per Week_____ Weeks Per Year_____

*Part Time_____ Hours Per Week_____ Weeks Per Year_____

Section III: Please include remarks concerning the applicant's work performance and safety practices on the job.

_____

_____

_____

_____

_____

Section IV: Please describe in detail the type of work performed by the applicant while in your employment.

Duties Performed: _____

_____

_____

_____

_____

_____

_____

_____

_____

Machinery/Equipment and Tools Used:_____

_____

_____

_____

_____

Section V: THIS SECTION MUST BE COMPLETED AND SIGNED BY THE EMPLOYER OR COMPANY REPRESENTATIVE.

Date:_____ **Name of Company** _____

Address_____

_____

_____

Telephone #: _____

Fax # _____

Signature of Authorized Person Completing Form: _____

Print \Type Name of Person Completing Form: _____

Position of Person Completing Form: _____