

*Virginia Department of Education  
Division of Teacher Education and Licensure  
PO Box 2120 • Richmond, VA 23218-2120*

**APPLICATION FOR THE CAREER SWITCHER PROGRAM**  
[PLEASE PRINT OR TYPE]

**Report on Experience**  
**(THIS FORM MUST BE RETURNED TO THE APPLICANT)**

**DIRECTIONS:** A total of three years of full-time successful work experience, or its equivalent, is required as a prerequisite to the Career Switcher Program. This form must be completed to verify this experience.

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Social Security Number</b> _____ - _____ - _____		
<b>Address of Applicant (Street, City, State, Zip Code)</b>  		

NAME OF EMPLOYER	POSITION HELD	LENGTH OF SERVICE (MONTH/YEAR TO MONTH/YEAR)

<b>BRIEF DESCRIPTION OF MAJOR DUTIES AND RESPONSIBILITIES</b>

Total number of years of full-time experience with this employer: \_\_\_\_\_

Total years of part-time work experience with this employer: \_\_\_\_\_

By my signature, I verify that the above-named person was successfully employed for the period(s) listed above.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_