



**APPLICATION FOR EVALUATION OF WORK EXPERIENCE
FOR SALARY PURPOSES**

1. Applicant Identification:

Name: _____
Surname Maiden First Name Middle Name

S.I.N.: _____ **Date of Birth:** _____
(Y) (M) (D)

New Brunswick Certification No.: (7 digits) _____

Mailing Address: _____ **Telephone Numbers:**
Home: _____
Work: _____
Cell: _____

E-mail Address: _____ **Fax:** _____

2. Official verification of experience: In addition to this completed form, applicants must request from former employer(s):

- i) opening and closing dates of employment with total experience indicated in years and days;
- ii) level of instruction provided and status of full time or part time contract .

In the table provided below, please list all employers and periods of experience to be verified:

	Employer/School District	Province/State/Country (If outside N.B./Canada)	Dates	
			<i>From</i>	<i>To</i>
1.			(D/M/Y)	
2.				
3.				
4.				
5.				

PLEASE ENSURE THAT ALL POSSIBLE SUPPORTING DOCUMENTS ARE INCLUDED WHEN SUBMITTING THE APPLICATION AND ALLOW 4 WEEKS TO 25 WORK DAYS FOR PROCESSING AFTER ALL DOCUMENTS HAVE BEEN RECEIVED.

Signature Date

- **Apply before October 31 for evaluated experience effective July 2 of the same year.**
- **Apply before March 31 for evaluated experience effective January 2 of the same year.**