# Draft (district initiated)

# PERSONNEL BV03.11 AP.242

Verification of Employment

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The following individual, who has applied for employment in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District, has reported that s/he was formerly employed by your school district/agency:*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Name of Former Employee Social Security #***

*We request that you verify years of experience and provide other information as noted below. Please return this form in the postage-paid envelope provided.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
***Signature of Person Requesting Information***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
***Position/Title***

This is to certify that the employee listed above was employed by:

🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Schools

🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College/University

🞏 Kentucky Department of Education, Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Other; please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Beginning Date(Month/Day/Year)** | **Ending Date(Month/Day/Year)** | **Part-time orFull-time Status** | **Position(s) Held** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Continuing Contract Status (if applicable): 🞏 YES 🞏 NO Sick Leave Accumulated: \_\_\_\_\_\_\_

**Open Records Request**

Please provide any information contained in this individual’s personnel record evidencing any disciplinary action taken while s/he was employed by your district/agency.

🞏 Information enclosed/attached 🞏 No disciplinary action on record for this individual

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 *Name & Title of Person Completing Form Signature Date*

 ***(Please Print/Type)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Superintendent

205 Airport Road, Elkton, KY 42220

270-265-2436 (phone) / 270-265-5414 (fax)