# (Non-Educational Experience)

**Northern Kentucky Cooperative for Educational Services**

5516 East Alexandria Pike, Cold Spring, KY 41076 Phone: (859) 442-8600 Fax: (859) 442-7038

The following individual has applied for employment at NKCES. They reported that s/he was formerly employed by your company. Verification of professional experience is necessary for the computation of salary. Please complete the following information thoroughly & return to the employee or via email to: shelly.cobb@nkces.org Thank you!

(Name of Former Employee) (Last 4 SS#)

Employee has years of professional experience with your company.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Business | Start Date Month/Year | End Date Month/Year | Full Time Part Time | Position & Job Duties |
|  |  |  |  |  |
|  |  |  |  |  |

Signature of Person Completing Form Date

Title Phone #

To the employee: It is your responsibility to give this form to your previous employer(s) & to follow up to make sure we receive this information. Your contract with NKCES is contingent upon it. Thank you!