

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_____
Last 4 Digits 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 by emailing to:~~ hrstaff@powell.kyschools.us

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 company name: _____

Beginning Date (Month/Day/Year)	Ending Date (Month/Day/Year)	Part-time or Full-time Status	Position(s) Held

Continuing Contract Status (if applicable): ☐ YES ☐ NO

DESCRIPTION OF DUTIES

If this person held a position outside of a school system, please provide a general description of the duties performed during the time of employment. This will help us be able to determine years of experience towards our payscale.

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.~~

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

Name & Title of Person Completing Form
(Please Print/Type)

Signature

Date

Review/Revised: 7/18/2011