

**LEON COUNTY SCHOOLS
HUMAN RESOURCES
2757 WEST PENSACOLA STREET
TALLAHASSEE, FLORIDA 32304
ATTN: NON-INSTRUCTIONAL SECTION**

To Whom It May Concern:

I am being considered for employment with LEON COUNTY SCHOOL BOARD. In order to substantiate my previous employment for experience verification, please verify my dates of employment below. Your promptness in returning this form directly to the address above will be appreciated. My employment or potential salary credit may depend on receipt of this information.

Name: _____

Last 4 Digits of Social Security #: _____

Date(s) of Employment: _____

Position Held: _____

BELOW TO BE COMPLETED BY PREVIOUS EMPLOYER ONLY					
Name and Address of Business: _____					
					Telephone #: () _____
PLEASE USE SEPARATE LINE FOR EACH YEAR OF EXPERIENCE PER POSITION HELD					
DATE(S) OF EMPLOYMENT FROM	THROUGH	DAYS WORKED PER WEEK	HOURS PER DAY	POSITION HELD	BRIEF DESCRIPTION OF DUTIES
MO/YR	MO/YR				
MO/YR	MO/YR				
MO/YR	MO/YR				
MO/YR	MO/YR				
MO/YR	MO/YR				
MO/YR	MO/YR				
MO/YR	MO/YR				
MO/YR	MO/YR				
MO/YR	MO/YR				

Is there any reason why this person should not be employed in a public school district? Yes _____ No _____

Authorized Signature _____	() Telephone - To be valid there must be a telephone number to verify this information	Mailing Address _____
Position Title _____		City, State, Zip Code _____
Date _____		

State of _____, County of _____. Sworn to and subscribed before me this _____ day of _____, 20____,
by _____, who is personally known to me or who has produced _____.

Signature of Notary Public _____	NOTE: NOTARIZATION IS OF THE AUTHORIZED SIGNATURE OF THE EMPLOYER.	Typed, Printed or Stamped Name of Notary _____
My Commission Expires _____		Notary Public Commission Number _____