

VERIFICATION OF EMPLOYMENT

Name: _____ Former Name: _____

Social Security Number: _____ Date of Birth: _____

Address: _____ City : _____ State: _____ Zip: _____

Gender: ___ Female ___ Male Phone: _____

Signature of Applicant: _____ Date: _____

The above named individual was employed in our school system as verified below.

Name of School System _____

School Street Address _____ City _____ State and Zip _____

State Accredited School? Yes No

Beginning Date	Ending Date	Assignment	Grade Level

___ Experience was Full-Time Under Contract

___ Experience was Part-Time Under Contract

Total # of School Years Employed in the District: _____

Administrator Name (Please Print)	Administrator's Position	School Phone Number
_____	_____	_____
Administrator's Signature: _____		Date: _____

Please return to:
USD 417 Morris County
Attn: Amber Weeks
17 S Wood Street
Council Grove, KS 66846
aweeks@cgrove417.org