

**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: \_\_\_\_\_

**KS Employer Only:** If employed by a Kansas School District, was the teacher tenured at the time of separation? \_\_\_ Yes \_\_\_ No

Administrator Name (Please Print) Administrator's Position School Phone Number

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to:  
 USD 417 Morris County  
 Attn: Jan Troxell  
 17 S Wood Street  
 Council Grove, KS 66846  
 jtroxell@cgrove417.org