

OFFICIAL VERIFICATION OF EMPLOYMENT

To be completed by employee

Name: Last, First, M.I.		Social Security # XXX-XX-_____	Name under which service was rendered if different	<p>Instructions:</p> <p>This form is used to determine placement on the salary schedule for New Hires with the Jordan School District.</p> <p>Please provide Official Verification of Experience (under contract) with a valid license, in your district.</p> <p>Substitute experience is not counted as contract.</p> <p>Service credit cannot be given without verification of experience.</p>
Address: Street, City, State, Zip Code				
Employee Signature: I hereby give permission to release the information requested below to the Human Resource Department of Jordan School District.		Current Location		

To be completed by employer

School Year During Which Service Was Rendered		School	Type of School	Position Held	Days in Full Contract	Actual Days Served	Hours Per Day Employed	Full Time	Part Time %	Salary
Beginning	Ending									
Is a license required for position(s) listed above? Yes <input type="checkbox"/> No <input type="checkbox"/> Is school accredited and recognized by the U.S. Department of Education?..... Yes <input type="checkbox"/> No <input type="checkbox"/>					Total Experience: Years _____ Months _____					

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT ACCORDING TO OUR OFFICIAL RECORDS:

School District	Signature of Certifying Officer
Mailing Address	Title
Phone Number	Date

Please mail or fax to the Jordan School District Human Resources Department, at the address or fax number above.