



Division of Human Resources
Verification of Experience (Non-Instructional)

Directions: It is the applicant's responsibility to obtain verification of work experience from their previous employer. Experience should be relevant to the position you are seeking. **List each year separately.**

Name: _____ Social Security No.: _____
 is applying for employment with Alachua County Public Schools. We request that you verify length of service in your employment. **Do not** list OPS work experience.

To Be Completed by Previous Employer

Please return to: Alachua County Public Schools, Human Resources Division
 620 East University Avenue, Gainesville, FL 32601

Employer's Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Employed From (mm/dd/yy)	Employed To (mm/dd/yy)	Job Title/ Responsibilities	# Days/ Months in Work Year	# Days/ Months Actually Worked	Hours per Week	Full Time Status	Part Time Status

I hereby certify that all information provided above is true, correct and complete.

Authorized Signature: _____
 Date: _____
 Print Name: _____
 Position/Title: _____

FOR ALACHUA COUNTY USE ONLY

Location: _____
 No. of years credited for this form: (1 for 2): _____
 Old Step: _____ Hourly Rate: _____
 New Step: _____ Hourly Rate: _____
 Retro To: _____
 Authorized By: _____ Date: _____