



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: _____

Table with 8 columns: 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: _____