



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: <u>Jane Doe</u> Social Security No.: <u>111-11-1111</u> is applying for employment with Alachua County Public Schools. We request that you verify length of service in your employment. <b>Do not</b> list OPS work experience.
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**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: ABC Bus Company Phone: (xxx) xxx-xxxx

Address: Xxx N Street City/State/Zip: Anywhere, FL XXXXX

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
01/01/00	12/31/00	Bus Driver / Driver	12 months	12 months	40	X	
01/01/01	12/31/01	Bus Driver / Driver	12 months	12 months	40	X	
01/01/02	12/31/02	Bus Driver / Driver	12 months	12 months	40	X	
01/01/03	12/31/03	Bus Driver / Lead Driver	12 months	12 months	40	X	
01/01/04	12/31/04	Bus Driver / Lead Driver	12 months	12 months	20		4.0

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

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: John Smith

Position/Title: Manager

<b><u>FOR ALACHUA COUNTY USE ONLY</u></b>
Location: _____
No. of years credited for this form: (1 for 2): _____
Old Step: _____ Hourly Rate: _____
New Step: _____ Hourly Rate: _____
Retro To: _____
Authorized By: _____ Date: _____