

**EMPLOYMENT VERIFICATION
CERTIFIED STAFF**

Completed by Employee

Name _____

Social Security Number _____

Previous School District _____

Address _____

By my signature, I hereby authorize the release of the information requested below.

Signature _____ Date _____

Previous Employer: Please complete the following section as follows:

1. List each school year separately.
2. List experience gained in public or non-public schools, including administrative or supervisory assignments. Attach additional page if necessary.
3. Please mail your response to the above address or fax it to 630-897-1319.

Thank you for your assistance.

Michael P. Smith, Assistant Superintendent of Human Resources

| BEGINNING DATE | ENDING DATE | FULL OR PART TIME | POSITION |
|----------------|-------------|-------------------|----------|
| | | | |
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| | | | |

Signature of School Official: _____

Title: _____

Date: _____