



CERTIFICATION OF PROFESSIONAL EXPERIENCE

Part I: Employee Information			
Name:		Previous Name(s), if applicable:	
Social Security # (last 4 digits): XXX-XX-		New Position with KCS D:	
Previous Employer:		Previous Position(s):	
Awarding of Experience (please read and initial each)			
	<p>The Kenton County School District may award up to ten (10) years of job related experience for the purpose of determining experience credit for pay calculation. Experience will be determined by the following criteria:</p> <ul style="list-style-type: none"> • "Experience" means full-time employment, for a minimum of one hundred forty (140) days during a calendar year, in a like position. <ul style="list-style-type: none"> ○ Like position is defined as previous job responsibilities matching 90% of the responsibilities found in the position you have accepted. 		
	I understand I must obtain and submit a job description for each position from my previous employer before a determination can be made on job related experience.		
	I understand it is my responsibility to obtain and submit experience information from my previous employer to Human Resources within 30 days of my date of hire for consideration. No experience will be considered after the 30 day deadline.		
Authorization to Release Information			
I authorize my previous employer to release information requested on this form to the Kenton County School District.			
Employee Signature:		Date:	
Part II: Previous Employer Information - to be completed by an authorized official			
Name of Previous Employer:			
Address of Previous Employer:			
Phone Number:		Email:	
Experience Information – List all positions that apply			
Job Title	Start Date	End Date	Hours per Week
Signature			
Signature of Certifying Officer:		Date:	
Printed Name of Certifying Officer:		Title:	

Please send completed form to Human Resources by email at
 HR@kenton.kyschools.us or fax at 859.957.2673

KCS D Use Only:

HR Coordinator Initials _____ Approved Years _____ Signature _____ Date _____