



POST FALLS SCHOOL DISTRICT

PO Box 40
Post Falls, ID 83877
Email: employmentverification@sd273.com

Phone (208) 773-1658
Fax (208) 773-3218

Verification of Employment Request Form

Please complete the entire form to receive proper and timely verification of past and/or present employment information.

Name:	Phone Number: ()		
Address:	City:	State:	Zip:
Employee ID Number or Last 4 Digits of Social Security Number:			

To whom does this verification need to be addressed:

Please indicate the information you need verified:

Please check all that apply

- Dates of employment
- Position/Title
- Current salary/hourly rate
- Hours/FTE
- Other (please explain):

Please indicate how you would like this information returned:

- I will pick up (we will contact you upon completion)
- Mail form to address above
- Inter-district mail form to site: _____
- Other (please specify):

I hereby authorize Post Falls School District to release my employment information

Signature

Date