

Verification of Experience

Last Name First Middle Maiden

Social Security No: _____ Employed from _____ to _____

****REQUESTED INFORMATION BELOW TO BE COMPLETED BY FORMER EMPLOYER:**

Experience:

From (mmddyy)	To (mmddyy)	Position Held	Grade/Subject

Total years with system: _____ Public _____ Private _____

Number of Sick Leave Days to be transferred (Alabama Only) _____

System Name: _____

Street Name: _____

City, State, Zip: _____

Telephone: _____

Signed: _____ Date: _____

Title: _____

Return to: Daleville City Board of Education
626 N. Daleville Ave.
Daleville, AL 36322
Attn: Tawanna Chorn
Or email: chornt@daleville.k12.al.us