

Snoqualmie Valley School District

P.O. Box 400 ~ Snoqualmie, WA 98065 ~ Phone: 425-831-8000 ~ Fax: 425-831-8040

Verification of Coaching/Activities Service

To be completed by employee	
Legal Name	SSN (last 4)
Former Name	Date of Birth
Approx. Dates of Service	

To be completed by responsible official at former employer	
Institution Name	City & State
Name of Certifying Officer	Title
Phone Number	Email

All Employers: Complete page 2

Legal Name	SSN (last 4)
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Instructions: List position(s) chronologically. Use one line for each year. Use additional copies of this form if more lines are needed. . Please call 425-831-8001 if you need assistance. This form must be on file 30 days from hire. PLEASE EXPEDITE.

Sport/Activity	Dates of Service One line per year	Head Coach	Assistant Coach	Volunteer Position	Paid Position	SVSD HR Use Only
Example: High School Football	9/13/17-6/12/18		x		x	

I certify that the above information is true and correct according to our official records

_____ Signature of Certifying Officer	_____ Date
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Employers: Please forward both completed pages directly to Snoqualmie Valley School District via email, FAX or US Mail.

humanresources@svsd410.org	FAX: 425-831-8040	Snoqualmie Valley School District, ATTN: HR PO Box 400, Snoqualmie, WA 98065
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