



**REQUEST FOR VERIFICATION OF EMPLOYMENT  
-- CLASSIFIED EMPLOYEES --  
(Salary placement depends on the completion and accuracy of this form)**

**TO BE COMPLETED BY EMPLOYEE**

Please type or print - complete and sign before submitting. It is the responsibility of the employee to forward this form to previous employer(s).

Print Legal Name \_\_\_\_\_  
Last First MI (Former-if applicable)

Name of Previous Employer \_\_\_\_\_

Dates employed (month/date/year) From \_\_\_\_\_ To \_\_\_\_\_

Position (s) held \_\_\_\_\_

If you are a **Refugee/At-Risk Migrant** (Forcibly displaced person whose prior work experience is non verifiable due to refugee or refugee-like situations) please check the box and complete the below previous employer information and verification.....

*I authorize the release of the below information concerning my previous employment with your company.*

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Social Security # \_\_\_\_\_  
**Required**

**TO BE COMPLETED BY PREVIOUS EMPLOYER (or employee with a Refugee/At-Risk Migrant status)**

Please supply first and last date of service for each job title. Please complete the following information as accurately as possible. **The following information determines the employee's salary within Adams 12 Five Star Schools.**

Employee's Job Title \_\_\_\_\_

Dates employed (month/date/year) From \_\_\_\_\_ To \_\_\_\_\_

Major Job Duties \_\_\_\_\_

Hours Per Week \_\_\_\_\_ (Please specify the accurate total number of hours)

Weeks Per Year (52 wks = year round) \_\_\_\_\_

**VERIFICATION SUPPLIED BY (person completing form)**

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone(s) \_\_\_\_\_ Fax # \_\_\_\_\_

**VERIFICATION OF REFUGEE OR REFUGEE-LIKE STATUS**

Document Title: \_\_\_\_\_ (Please attach a copy)

Reason for non verifiable work experience:

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 \*\*\*\*\*Crrtqxfg\*\*\*\*\*[ gctul t cpvgf <aaaaaa \*\*\*\*\*  
**Disapproved\*\*\*\*\* F cvg'aaaaaaaaaaaa**  
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\*\*Please attach any documentation related to your work experience, if any, that may help with the review process\*\*

**After completion Adams 12 Five Star Schools Attn: Human Resources 1500 East 128<sup>th</sup> Ave. Thornton, CO 80241-2601**  
**please mail or fax to: Fax: 720-972-4072**

Verification forms must be received within 90 calendar days of hire date in order for the employee to receive retroactive pay from the hire date. Retroactive pay will not be granted for verification forms received later than 90 days after hire date. Verification forms must be received by Human Resources by the 10<sup>th</sup> of the month, or the 5<sup>th</sup> of the month for June and December, in order for the change to be effective for that month.