

**Classified Verification of Previous Job Experience**

*This form must be completed, and returned to the HR office within 60 calendar days of hire date. Any form that is submitted beyond the 60 day window will NOT be considered.*

**Part I must be completed by employee.**

Part I: Employee Information	
Name:	Previous Name(s), if applicable:
Social Security # (last 4 digits): XXX-XX-	Current Position with Boone County Schools:
Previous Employer:	Previous Position(s):

Authorization to Release Information	
I authorize my previous employer to release information requested on this form to the Boone County School District.	
Employee Signature:	Date:

**Part II must be completed by employer. Form will not be accepted if Part II is completed by employee.**

Part II: Previous Employer Information – to be completed by an authorized official	
Company/Organization Name:	Hours Per Week:
Position Held by Employee Listed in Part I:	Start Date(mm/yy)
Name of Supervisor of Employee Listed in Part I:	End Date(mm/yy)

<b>Employees Primary Job Functions(attach job description, when available)</b>

Printed Name of Certifying Officer:	Date:
Signature of Certifying Officer:	Title:
Business Phone Number:	Business Email:
(If Applicable) # Transfer Sick Days for Kentucky School District	

Please send completed form to Human Resources by email at [sherri.brown@boone.kyschools.us](mailto:sherri.brown@boone.kyschools.us) or fax at 859.282.5643