

# 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 Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone/Fax: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Return to: Enterprise City Schools  
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