



Human Resources Department 120 E. Smith Avenue \*Darlington, South Carolina 29532 \*(843) 398-2302: FAX (843) 398-5006

### VERIFICATION OF EXPERIENCE

Instructions: Complete lines 1-6 before forwarding this form to your former employer(s). Your former employer(s) will complete lines 7-12 and **return this form to the Office of Personnel**. This form is invalid unless it is forwarded directly to the Office of Personnel by your former employer.

TO (*FORMER*) EMPLOYER:

\_\_\_\_\_  
(Supervisor)

\_\_\_\_\_  
(Business)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City/State)

\_\_\_\_\_  
(Fax Number)

I wish to establish my experience for pay purposes with Darlington County School District and appreciate your verification of my work experience to be submitted to DCSD/HR Department.

### TO BE COMPLETED BY EMPLOYEE:

1. Name (Last, First, Middle, Maiden)			
_____			
2. Address (Street, PO Box)	City	State	Zip Code
_____			
3. Social Security Number			
_____			
4. Dates of Employment From (Month, Day, Year)		To (Month, Day, Year):	
_____		_____	
5. Position:			
_____			
6. Signature		Date	
_____		_____	

### TO BE COMPLETED BY FORMER EMPLOYER:

7. Dates of Employment From (Month, Day, Year)		To (Month, Day, Year)		
_____		_____		
8. Full-time (please circle):	Yes	No	Position(s) held:	
_____				
9. If part-time, please indicate number hours worked per week:				
_____				
10. Signature of Employer			Date	
_____			_____	
11. Company/Agency			Position	
_____			_____	
12. Address (Street, PO Box)	City	State	Zip Code	Telephone #
_____				

Please fax along with any available job description to (843) 398-5006 or Mail to DCSD Office of Personnel, 120 E. Smith Avenue, Darlington, SC 29532.