

Madison County Schools
EXPERIENCE VERIFICATION
FOR SUPPORT PERSONNEL

1. Complete the first section of this form (PRINT or TYPE).
2. Submit form to former employer(s) and have them return it to:

Madison County Schools Personnel Office
P.O. Box 226
Huntsville, AL 35804

3. Experience credit will not be awarded until this completed form is received in the Personnel Office.

TO BE COMPLETED BY EMPLOYEE:

First Name Middle Maiden Last Social Security Number

TO BE COMPLETED BY FORMER EMPLOYER:

Please supply all requested information.

A. Name of Business or Workplace: _____

Address: _____

City/State/Zip Code: _____

Area Code and Phone Number: _____

B.	Term of Service		Position Held	Full-time	Part-time Specify Hours per Day
	From Mo/Day/Year	Through Mo/Day/Year			

C. I certify that all information above is true and correct:

Employer Signature or Appropriate Supervisor

Typed or Printed Name

Title of Person Completing This Form

Date

DO NOT RETURN THIS FORM TO EMPLOYEE
MAIL IT TO THE MADISON COUNTY SCHOOLS PERSONNEL OFFICE

Print