

**Verification of Previous Employment**

Please complete top section and forward onto HR departments at previous employers. Additional copies may be provided upon request. **Must be return within 30 days after first work day.**

Once completed by previous employer, return to:  
Christina Prine, Assistant Treasurer via above address or [prine@bcs-k12.org](mailto:prine@bcs-k12.org).

**To be completed by Applicant**

Applicant's Name:	Social Security Number (last four digits):
OH Educator License Number (if applicable):	

**Please do not include Substitute Teaching/Employment experience.**

**TO BE COMPLETED BY PREVIOUS EMPLOYER**

Name of School/Employer	State	Employment		Position Held
		Start Date (MM/DD/YY)	End Date (MM/DD/YY)	

Sick Leave Balance: \_\_\_\_\_ Days / Hours \_\_\_\_\_ # of Work Hours/Day  
Please indicate whether days or hours. If hours, please include the number of work hours per day.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date