

TROUP COUNTY SCHOOLS NON-CERTIFIED EXPERIENCE VERIFICATION FORM

Part I: (To be completed by applicant. You have 90 days from date of hire to have this form returned to us for experience credit.)

Employee's Name _____ Social Security Number _____ Birthdate _____

Address _____ City _____ State _____ Zip Code _____

Part II: (To be completed by the current or previous employer)

Name of Company, School or Institution: _____ Phone: _____

Address: _____ City _____ State _____ Zip Code _____

Dates of Service		Job Title	Job Duties/Description	Status Hours		
From Mo/Day/Year	To Mo/Day/Year			Full Time	Part Time	Per Day

I certify that all information listed is complete and correct according to the official records on file.

Signature of Authorized Official

Title: _____ Phone: _____

Date: _____

Please return completed form to: Troup County Schools
 Human Resource Department
 P.O. Box 1228
 LaGrange, GA 30241
 Phone: 706-812-7900; FAX: 706-845-4380