



Nash County Public Schools

EMPLOYMENT VERIFICATION FORM

EMPLOYEE REQUESTING VERIFICATION OF PREVIOUS EXPERIENCE: (PLEASE COMPLETE THIS SECTION ONLY)

TO: _____

FROM: _____
LAST NAME FIRST NAME MI LAST NAME

SECTION TWO: TO BE COMPLETED BY PREVIOUS EMPLOYER

Employer	BEGINNING Date of Employment (mo/day/year)	ENDING Date of Employment (mo/day/year)	TOTAL HOURS PER WEEK	POSITION/TITLE HELD

Important: An official job description MUST be attached for experience evaluation.

I certify the information above is correct according to the records of this company/organization or other records at my disposal.

Employer's Signature

Title

Date

The following EXPERIENCE CREDIT SCALE was implemented for newly hired employees effective November 18, 1996.

GOVERNMENTAL UNITS/OTHER CREDITS

State Government= 1 for 1
County Government= 1 for 1
City Government= 1 for 1
Federal Government= 1 for 2

Other Experience= 1 for 3

*NO EXPERIENCE FOR SUBSTITUTE
TEACHING