Human Resources Departmentl20 E. Smith Avenue *Darlington, South Carolina 29532 *(843) 398-2303: 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 Department of Human Resources.** This form is invalid unless it is forwarded directly to the Department of Human Resources 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.

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 ofEmployment From
(Month, Day, Year) To (Month, Day, Year)

8. Full-time (please circle): Yes No Position(s) held:

- If part-time, please indicate number hours worked per week:

- 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 Human Resources, 120 E. Smith Avenue, Darlington, SC 29532 or email to Kimberly.hubbard@darlington.k12.sc.us.