

Cherokee County School District

Human Resources Office
P.O. Box 769
Canton, Georgia 30169

Classified/Non-Teaching Verification of Work Experience

Employee should complete this section and submit to previous employer(s)

Name		Social Security Number	
Address	City	State	Zip
AUTHORIZATION IS GRANTED TO RELEASE ALL INFORMATION REQUESTED BELOW TO THE CHEROKEE COUNTY SCHOOL SYSTEM.			
Signature		Date	

TO BE COMPLETED BY AUTHORIZED OFFICIAL OF FORMER EMPLOYER

Employee should not complete any portion of the below information

COMPANY/EMPLOYER NAME: _____ (phone) _____

ADDRESS: _____ (address) _____ (city) _____ (state) _____ (zip)

Employer: Use one line for each change in status. Please complete EACH section for experience to be considered.

Dates of Service (mm/dd/yy)		Hours per day	Hours per week	Employment Status		Job Title	Major Job Tasks/Responsibilities
From	To			Full time	Part time		
				☐	☐		
				☐	☐		
				☐	☐		
				☐	☐		

Accumulated unused sick leave in a Georgia Public School System: _____ ☐ days ☐ hours

(signature of authorized official) (date)

(print name and title of authorized official) (phone)

**Return completed form to the employee. Employee compiles and sends all verification forms to
Cherokee County Schools, Human Resources Office.**

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