

PROOF OF EXPERIENCE

This record is for Piedmont Public Schools to evaluate the experience of the person indicated above. In order to evaluate this experience, all information must be completed. This information will be used for determining salary increments.

EMPLOYEE NAME: _____
LAST FIRST MIDDLE INITIAL MAIDEN

SSN #: _____

NAME OF SCHOOL/EMPLOYER

ADDRESS

CITY

STATE

ZIP CODE

NAME & TITLE OF CERTIFYING OFFICIAL

PHONE NUMBER

STATE	COUNTY	SCHOOL/ EMPLOYER	DATES OF SERVICE		POSITION	FULL OR FRACTION OF DAY EMPLOYED	SIGNATURE OF CERTIFYING OFFICIAL (SIGN EACH LINE)
			FROM: MM/DD/YY	TO: MM/DD/YY			