

Sunflower County Consolidated School District

Mrs. Miskia Davis, Superintendent

"United For Excellence"



VERIFICATION OF WORK EXPERIENCE

Will be paid at 0 experience, if not returned within five days.

To be completed by applicant:

Name: _____ Last 4 of SS#: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

The information below is to be completed by employer or Human Resources office and returned to the applicant for inclusion in the applicant packet:

This is to certify that former employee _____ has completed _____ years of experience as a/an _____ within our company.

Name of Organization	Start Date Mo/Day/Year	Total Years	Position

Name of Organization

Phone Number

Address

City, State

Name of Person Completing Form (Print)

Position

Name of Person Completing Form (Signature)

Date