

HALL COUNTY SCHOOL SYSTEM - PREVIOUS EXPERIENCE VERIFICATION FORM

Employee's Full Name		Street Address	
Social Security Number		City and State	
Date of Birth		Zip Code	

Authorization is granted to release all information requested below to the Hall County School System

Signature

Date

INFORMATION BELOW SHOULD BE COMPLETED BY PREVIOUS EMPLOYER ONLY

PLEASE USE ONE LINE FOR EACH YEAR OR CHANGE IN EMPLOYEE STATUS.

SCHOOL DISTRICT OR INSTITUTION	DATE OF SERVICE		# of Days Employed	STATUS		HOURS PER DAY	POSITION	Professional License (Yes or No) and Type of License
	FROM MM/DD/YY	TO MM/DD/YY		FULL TIME	PART TIME			

I certify that all information listed above is complete and correct according to the official records on file in the school system or institution providing this verification of employment.

Signature of Superintendent or Authorized Official

Title

Street Address

City

State

Zip Code

Date

Area Code and Telephone Number

Email Address

Please forward this completed verification to: Charlene Young, Personnel Manager
Hall County School System
711 Green Street, N.W.
Gainesville, Georgia 30501-3368
FAX: 770-536-3777; PHONE: 770-534-1080
Or email at charlene.young@hallco.org

