

**OFFICIAL VERIFICATION OF EMPLOYMENT**

**To be completed by employee**

Name: Last, First, M.I.	Social Security # XXX-XX-_____	Name under which service was rendered if different	<b>Instructions:</b> This form is used to determine placement on the salary schedule for new hires in Jordan School District.  Service credit cannot be given without this completed verification of experience form.  Please submit the completed form via fax or email listed above.
Address: Street, City, State, Zip Code			
<b>Employee Signature:</b> I hereby give permission to release the information requested below to the Human Resource Department of Jordan School District.	Jordan School District Location		

**To be completed by the responsible school district/company official**

School Year During Which Service Was Rendered		School Name	Contracted/Hourly	Benefit Eligible? (Y/N)	Position/Title Held	Intern/Student Teacher? (Y/N)	Days in Full Contract	Actual Days Worked	Hours Per Day	Full Time Equivalency (FTE)	Educator license or specialized certification required? (Y/N)
Beginning	Ending										
			<input type="checkbox"/> Contracted <input type="checkbox"/> Hourly	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Contracted <input type="checkbox"/> Hourly	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Contracted <input type="checkbox"/> Hourly	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Contracted <input type="checkbox"/> Hourly	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Contracted <input type="checkbox"/> Hourly	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Required question:</b> Is school/district accredited and recognized by the U.S. Department of Education?..... <input type="checkbox"/> Yes <input type="checkbox"/> No							<b>Total Experience:</b> Years _____ Months _____				

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT ACCORDING TO OUR OFFICIAL RECORDS:**

School District/Company	Signature of Certifying Officer
Mailing Address	Title
Phone Number	Date