

Pascagoula School District

Human Resources Department P. O. Box 250 Pascagoula, MS 39568-0250 (228) 938-6506 FAX: (228) 938-6507 Classified

VERIFICATION OF PREVIOUS WORK EXPERIENCE

Note to Applicant: Complete this section and submit to your previous employer for verification of your years of experience.					
то:		DATE:			
		FROM:			
ADDRESS		PREVIOUS NAM	(Applicant ME:		
I have been requested to furnish verification of my service while in your employment. Please complete the section below and mail <u>directly</u> to the Pascagoula School District.					
Applicant Signature Sc		al Security Number Date(s) of employment			
Note to Employer: Complete the information below and mail <u>directly</u> to:					
Note to Employer: Complete the information below and mail <u>directly</u> to: Pascagoula School District Human Resources Department P. O. Box 250 Pascagoula, MS 39568					
Date of Hire: Date of Termination: Please list below all positions held by employee while in your employment.					
Employee's Position/Title	Briefly describe duties of position	Date employee began position	Date employee ended position	Indicate if Full- time or Part-time	
Employer: Administrator's Printed Name:					
Administrator's Signature	Date:				

Pascagoula School District does not discriminate on the basis of age, sex, race, color, religion, disability, national origin, genetic information, veteran status or any other protected classification.