



Verification of Previous Work Experience

PART I – To Be Completed By Employee and Forwarded to Previous Employer

NAME (Print) _____
 (Last) (First) (Middle) (Maiden)

ADDRESS _____

Social Security Number: _____

In order to substantiate my previous experience for salary purposes, will you kindly verify my dates of employment below. Your promptness in returning this form directly to me at the address above will be greatly appreciated. My salary placement is pending receipt of this information.

Exact Dates of Service: From (month/year) _____ to (month/year) _____

 Signature Date

PART II – To Be Completed By Previous Employer

Year	Name of Employer	Total No. Months Worked	Full Time	*Part Time	Salary	Position (s) Held
Month ___/Year ___ to Month ___/Year ___						
Month ___/Year ___ to Month ___/Year ___						

**For part-time employment, please indicate percentage of time.*

- If there was an extended leave of absence granted during employment, please indicate nature of leave and exact dates:

- Was the experience listed above successful? _____
 (MUST BE COMPLETED)

SUPERVISOR VALIDATION (REQUIRED) Print Name _____
 Signature _____
 Position _____
 Address _____

 Date _____ Telephone _____