VERIFICATION OF EXPERIENCE
St. Johns County School District
NON-INSTRUCTIONAL FORM

To the applicant:
Please fill in your name and social security number below.

Name: _____ SS#:_____
First Middle Last

To the previous employer:
The above applicant is applying for a job with the St. Johns County School District, please provide the information that is listed below to assist with the hiring process.

Your input is greatly appreciated.

Job Title: _____

Begin Date of Employment: _____

End Date of Employment: _____

Part-time:_____ Full-time: _____

Brief job description:

_____

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Supervisor's Information

Signature: _____ Print:_____

Job Title:_____ Address:_____
_____

Company Name: _____ Telephone:_____

RETURN FORM TO:
ST. JOHNS COUNTY SCHOOL DISTRICT
ATTN: PERSONNEL SPECIALIST
40 ORANGE STREET
ST. AUGUSTINE, FL 32084
904-547-7500(Office) 904-547-7555 (Fax)