VERIFICATION OF EXPERIENCE – NON-INSTRUCTIONAL

Name: _____ SS # __ __ __ - __ __ - __ __ __ __

First Middle Last

The above referenced individual 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	➢	*(MM/DD/YYYY)*
END DATE OF EMPLOYMENT	➢	*(MM/DD/YYYY)*
PART TIME / FULL TIME	➢	
HOURS PER DAY	➢	

Brief job description or attach job description.

Supervisor's Information **Date: _____**

Signature: _____Print: _____Title: _____

Company: _____Address: _____Telephone: _____

PLEASE RETURN FORM TO
ST. JOHNS COUNTY SCHOOL DISTRICT
ATTENTION: PERSONNEL SPECIALIST
40 ORANGE STREET
ST. AUGUSTINE, FL. 32084
904-547-7500 (OFFICE) / 904-547-7555 (FAX)