VERIFICATION OF EXPERIENCE – NON-INSTRUCTIONAL/ EDUCATIONAL SUPPORT

Name: _____

First Middle Last (Maiden)

SS # X X X - X __ - __ __ __ __

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	**DAYS PER WEEK**	

Brief job description or attach job description.

Supervisor's Information **Date:** _____

Signature: _____ **Print:** _____ **Title:** _____

Company: _____ **Address:** _____ **Telephone:** _____

It is the responsibility of each employee to submit his or her Verification of Experience form during his or her first year of employment. Retroactive pay will only be processed if the form is received within the *first year.

Key: ***within the employee's "contracted school year"**

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) or hrvoeforms@stjohns.k12.fl.us