

VERIFICATION OF EXPERIENCE – NON-INSTRUCTIONAL

First	Middle	Last	(Maiden)
SS # <u>X X X</u> - <u>X</u>			

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	\checkmark			
BEGIN DATE OF EMPLOYM	ENT >	(MM/DD/YYYY)		
END DATE OF EMPLOYMEN	IT >	(MM/DD/YYYY)		
PART TIME / FULL TIME	\blacktriangleright			
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 <u>hrvoeforms@stjohns.k12.fl.us</u>				

Form 55 PR-110 (Revised 6/15/2020)