



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		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.

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)