

## **VERIFICATION OF EXPERIENCE – NON-INSTRUCTIONAL**

Nam	e:			
SS #	First	Middle	Last	(Maiden)
The	above referenced indivi	- — — dual is applying for a job with t the hiring process. Your input	he St. Johns County School Distr is greatly appreciated.	ict. Please provide the information tha
J	OB TITLE		>	
E	BEGIN DATE OF EI	MPLOYMENT	<b>&gt;</b>	(MM/DD/YYYY)
E	ND DATE OF EMI	PLOYMENT	>	(MM/DD/YYYY)
F	ART TIME / FULL	TIME	>	
H	IOURS PER DAY		DAYS PER WEEK	
В	Brief job description or attach job description.			
-				
-				
-				
S	upervisor's Information			Date:
Si	gnature:	Print:	т	itle:
C	ompany:			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)