



DeSoto County Schools-Classified Experience Verification Form

5 East South Street Hernando, MS 38632* Phone 662-449-7100 * Fax 662-449-7236

I wish to verify my employment experience in your school system. The information below is to be completed by the current or previous employer.

Please complete Part II of this form and fax the completed form to 662-449-7236 and mail the original to **Desoto County Schools-- Employee Services Department, Attn: Judy Nelson**

Part I: To be completed by Applicant (Please print the following information)

Social Security # _____/_____/_____

Employee Name: _____ (LAST) _____ (FIRST) _____ (MIDDLE)

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Employment Dates: From ____/____/____ To ____/____/____

Part II: To be completed by the School District in which the experience was earned.

| School District | State | Position Held | Beginning Date Month/Day/Year | Ending Date Month/Day/Year | Contract Days in Year | Contract Days Employed | Full/Part Time | Total Years |
|-----------------|-------|---------------|----------------------------------|-------------------------------|-----------------------------|------------------------------|-------------------|----------------|
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I certify the school experience verification complete on this form omits leave of absence periods. I further certify all information listed above is complete and correct according to the official records in the school system or institution providing this verification of employment.

Authorized Official Signature

Title

Date

ADDRESS: Street: _____ City: _____ State: _____ Zip: _____ Phone# _____