

VERIFICATION OF SATISFACTORY NON-INSTRUCTIONAL EXPERIENCE

SECTION I – COMPLETED BY APPLICANT

Date _____ Name _____ Prior Name _____ SS # _____

Dates of Employment _____

Please return this form within 90 days to Lake Wales Charter Schools, Human Resources, P.O. Box 3309, 130 E. Central Ave., Lake Wales, Florida 33859-3309 Telephone (863) 679-6560. I authorize you to provide Lake Wales Charter Schools with the following information:

SECTION II – COMPLETED BY FORMER EMPLOYER (FORMER SCHOOL SYSTEM PLEASE USE A SEPARATE LINE FOR EACH YEAR)

Signature of Applicant _____

YEARS		NAME OF SCHOOL/BUSINESS	DATES OF SERVICE		ACTUAL NO. OF DAYS EMPLOYED	NO. OF DAYS IN SCHOOL YEAR	SPECIFIC ASSIGNMENT	FRACTION OF DAY EMPLOYED
Year	to Year		FROM: M/D/Y	TO: M/D/Y				

I Certify that according to our records _____ Name _____

was employed at _____ Organization _____

Sworn to and subscribed before me this _____ Day of _____ Year _____

EMPLOYER ADDRESS _____

SEAL AND SIGNATURE OF NOTARY PUBLIC _____

SIGNED _____

MY COMMISSION EXPIRES _____

(MUST BE NOTARIZED OR AFFIX SCHOOL BOARD SEAL)

TITLE _____

PHONE (_____) _____ - _____