

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

HUMAN RESOURCES DEPARTMENT

799 Bill Beck Boulevard
Kissimmee, Florida 34744

PROFESSIONAL SUPPORT STAFF EXPERIENCE VERIFICATION

To Whom It May Concern: I am presently employed by The School District of Osceola County, Florida. In order to substantiate my previous employment for salary purposes, will you kindly verify my dates of employment below? Your promptness in returning this form directly to the address above will be appreciated. My salary placement is pending receipt of this information.

Print Name _____ Social Security No. _____ Position with Osceola County _____

Signature _____ Date _____ Approximate Date(s) of Employment _____

PREVIOUS FIRM: PLEASE COMPLETE THE INFORMATION BELOW, HAVE THE FORM NOTARIZED OR USE CORPORATE/SCHOOL BOARD SEAL AND RETURN FORM TO THE ADDRESS ABOVE.

Please list successful years of performance **YEARLY** beginning with July 1 and ending with June 30.

Title of Position	Length of Service		Hours Worked Per Day	# of Days Worked in Per Year	Full-Time	Part-Time	Description of duties, responsibilities, and skills required in this position
	BEGINNING DATE Mo/Day/Yr	ENDING DATE Mo/Day/Yr					

The majority of this employee's time was spent as follows _____

Degree of success in the above position _____

Would you re-employ? Yes No

Is this individual retired from your State/Public Retirement System? Yes No

State of _____ County of _____

Subscribed and sworn before me on _____ by _____
Date Print Name-Authorized Signature (affiant)

Authorized Signature (Sign in front of Notary or use Corporate/School Board Seal) Date

He/she is personally known to me or has presented _____
as identification. Type of identification
Notary Seal Or Corporate/School Board Seal below

Title Name of Firm

Notary's Signature

Address City State Zip

Name of Notary typed, printed or stamped

Area Code Telephone Number and Extension Email Address