



# Scottsboro City Schools

Human Resources  
305 S. Scott Street  
Scottsboro, AL 35768  
FAX: (256) 218-2190

## VERIFICATION OF NON-TEACHING EXPERIENCE

### Instructions to New Employee:

1. Please complete the first section of this form. (Print or Type)
2. A form must be filled out for each company in which you have related experience to your new job in Scottsboro City Schools. Do not complete a form for experience that is not related to your work in Scottsboro City Schools.
3. Submit form to your former employer(s); **ASK THEM TO COMPLETE AND RETURN IT TO: SCS Human Resources** at the above address or fax.
4. This form must be signed and notarized by the verifying employer.

### TO BE COMPLETED BY NEW EMPLOYEE:

TODAY'S DATE: \_\_\_\_\_

EMPLOYEE'S NAME: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

NAME OF PREVIOUS EMPLOYER: \_\_\_\_\_

PREVIOUS EMPLOYER'S ADDRESS: \_\_\_\_\_

STREET ADDRESS

City

State

Zip

### TO BE COMPLETED BY PREVIOUS EMPLOYER:

Position Held	From MM/DD/YY	To MM/DD/YY	Avg Hours Per Week Worked

#### PREVIOUS EMPLOYER:

Please send items checked:

Job Description of former employee

Sick Leave (only if your organization is part of the Alabama state retirement system)

\_\_\_\_\_  
Signature – Certifying Employer

\_\_\_\_\_  
Printed Name – Certifying Employer

\_\_\_\_\_  
Title – Certifying Employer

\_\_\_\_\_  
Phone Number – Certifying Employer

Sworn to and subscribed before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public - Signature