



Verification of Previous Work Experience

Please return this form to: Craven County Schools
Human Resource Services
fax# 252-514-6352

Name of PREVIOUS EMPLOYER:

Name: _____ Last 4 of SS# _____

I hereby authorize the release of employment verification, leave balances and other information to Craven County Schools.

Signature: _____ Date: _____

To be completed by **PREVIOUS EMPLOYER**:

Questions? Please call 252-514-6367. Your assistance is appreciated.

Date of Employment: _____
Beginning Ending

Hours: _____ Circle one: *Full-time or Part-time* Job title: _____

Main Duties: _____

****STATE EMPLOYEES ONLY**

Leave Balances: As of: (Date) _____ Circle one: Days or Hours

Annual Leave _____ Sick Leave _____ Personal Leave _____

Current Hire Date for Longevity: _____ Total State Services: Years _____ Months _____

***If available, please enclose renewal credits

Was employee initially certified? _____ If yes, please mark one of the following

___ Did not participate in BTSP ___ Participated 2 years in BTSP

___ Participated 1 year in BTSP ___ BTSP completed Form C was mailed to DPI

If BTSP is in progress, please send portfolio

Confirmed by: _____
Signature Printed Name

Title: _____ Date: _____