



VERIFICATION OF EMPLOYMENT FOR SALARY PLACEMENT

The person named below has indicated that he/she was formerly employed with your company. We must have verification of previous employment to properly place employees on the appropriate salary scale.

To Be Completed by: **EMPLOYEE / APPLICANT**

Please sign before submitting to former employers authorizing release of the information requested below

Name of Employee/Applicant (please print or type)

Signature of Employee/Applicant

Social Security Number

Date of Employee/Applicant's Signature

To Be Completed by: **PREVIOUS EMPLOYER**

Position Held: _____ Began: _____ Ended: _____
(Please complete a separate form for each position) M/D/Y M/D/Y

Indicate number of hours worked **per week** - _____

Duties and Responsibilities: _____

NAME OF COMPANY: _____ BUSINESS PHONE: _____

NAME OF PERSON COMPLETING FORM (Please print or type): _____

POSITION AND TITLE: _____

SIGNATURE: _____ DATE: _____

(Your signature affixed to this document indicates the information provided regarding the above named employee/applicant is accurate.)

Please return this form to:
Guilford County Schools
Attention: Human Resources-Operations
712 N. Eugene Street
Greensboro, NC 27401
Or you may fax the completed form to (336)370-8398