

VERIFICATION OF PREVIOUS EMPLOYMENT

Please forward this application to your previous employer and return to DCPS Staffing:

EMAIL: _____

FAX: _____

APPLICANT: PLEASE COMPLETE THIS SECTION

EMPLOYEE NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ SSN: _____

FORMER SCHOOL OR PLACE OF EMPLOYMENT: _____

LOCATION: _____

TITLE OF POSITION: _____

I, _____ authorize the release of my employment history with my previous employer.
Signature of Applicant

THIS SECTION IS TO BE COMPLETED BY PREVIOUS EMPLOYER:

Your professional assistance in completing this form is appreciated. It is requested that this verification be returned as soon as possible.

- It is imperative that we have the specific day as well as the month and year of employment with your agency.
- If there was a break in service, indicate each period of employment separately.

FROM: Month _____ Day _____ Year _____ TO: Month _____ Day _____ Year _____

FROM: Month _____ Day _____ Year _____ TO: Month _____ Day _____ Year _____

Check one:

☐ This person was employed **full-time** .

☐ This person was employed **part-time**

If **part-time**, please indicate the number of hours per week: _____

Signature

Date

Title

Print Name

Address

City, State, Zip Code

By signing and submitting this document, you are assuring that all of the information stated is accurate to the best of your knowledge. You are also acknowledging that any fraudulent information identified will result in the prospective candidate being ineligible for employment with DCPS.
