

BALTIMORE COUNTY PUBLIC SCHOOLS

VERIFICATION OF EXPERIENCE

CONFIDENTIAL

To Whom It May Concern:

I have been employed by the Baltimore County Public Schools, and for certification and/or salary purposes, it is necessary to verify my previous work experience(s). **Please fax this completed form to the Department of Personnel, 410-252-1474.**

Thank you for your prompt response to my request.

PRINTED NAME

SIGNATURE

DATE

SUBJECT AREA

EMPLOYER: _____

ADDRESS: _____

POSITION HELD: _____

DESCRIPTION OF JOB: _____

DATES OF EMPLOYMENT: FROM _____

MONTH/YEAR

TO _____

MONTH/YEAR

FULL TIME: (_____)

HOURS WORKED WEEKLY: _____

PART TIME: (_____)

HOURS WORKED WEEKLY: _____

Do you verify that this individual had a satisfactory work experience? Yes ___ No ___

Verified by:

Signature

Date

Title

(_____)

Telephone Number

(_____)

Fax Number