

VERIFICATION OF PREVIOUS EXPERIENCE

This information is to be completed by the applicant:

Name of Previous/Current Employer:

Dates of Employment:

Print Applicant Name: _____

Social Security #:

Authorization to Release Information (Signature): ____

**Note: A year of experience is defined as experience in a full time similar in nature or same type position.

The individual above has applied for employment with the Moss Point School District. It is necessary that we verify all previous/current employment in order to determine a rate of pay. Please complete all requested information.

Return form to: Moss Point Schools Attn: Office of Human Resources, 4924 Church Street, Moss Point, MS 39563 or fax to: <u>228-474-4964</u>. If you have any questions or for more information, please call 228-475-4558.

If the applicant worked multiple jobs list each job on separate line.

Start Date	End Date	Position Held	Responsibilities/Duties	Fulltime / Part-time	Hours worked per week	Performance Satisfactory Yes/No

Eligible for re-hire? ____ Yes ____ No

I hereby certify that all information cited above is true and correct to the best of my knowledge and belief.

Signature of Verifying Authorized Human Resource Personnel

Title

Date

Print Name

Company Name & Address

Phone Number

Moss Point School District does not discriminate on the basis of age, sex, race, color, religion, disability, national origin, genetic information, veteran status or any other protected classification.