

Name	Social Security Number

TO BE COMPLETED BY PREVIOUS EMPLOYER

Previous Employer Name			
Hire Date	Termination Date	Did employee hold a credential while employed?	
Address	City	State	Zip
Phone	Email		

CLASSIFICATION (Example: K-12 teacher)	SCHOOL YEAR (Example: 1998-99)	FULL TIME (X)	% FULL TIME (FTE)	# DAYS IN SCHOOL YEAR Example: 180	# DAYS OF PAID SERVICE Example: 176

I certify the above information is true.

 Verifying Officer Name

 Verifying Officer Title

 Verifying Officer Signature

 Date