

Chillicothe R-II School District – Human Resources Department
 1020 Old Hwy 36 W., P O Box 530 – Chillicothe, MO 64601

TO: _____

This will authorize you to verify my experience from _____ to _____

in/at _____ (Prior Employer) _____ (Street Address) _____ (City, State, Zip)

Determination of my salary placement is dependent upon the verification of my experience. Please complete this form and return it to the Human Resources Department at the above address. At the time of employment my full name was:

_____ (Print or type name) _____ (Former name under which records may be filed)

_____ (Employee's signature) _____ (Social Security Number) _____ (Position)

Verification of Employment

This is to certify that the employee whose signature appears above was employed in the position noted above.

State	Employer Name	Check One		Position/Job Title	Dates of Service					Total Years Of Service
		Full Time	Part Time # of Hrs		Mo Yr	Day	Yr	Mo	Day	
					to					

_____ Signature _____ Print Name & Title _____ Date

VERIFICATION OF EXTRA ASSIGNMENTS

POSITION (List each extra duty separately)	DATES OF SERVICE Mo. Day Yr. Mo. Day Yr.	TOTAL YEARS OF SERVICE

PLEASE RETURN THIS FORM TO:
Chillicothe R-II School District, 1020 Old Hwy 36 W, P. O. Box 530, Chillicothe, MO 64601