



District School Board of Pasco County
 Office for Human Resources and Educator Quality
 7227 Land O' Lakes Blvd
 Land O' Lakes, FL 34638
 Telephone: 813.794.2353

Location of New/Current Employment in Pasco

VERIFICATION OF EMPLOYMENT

TO: PREVIOUS EMPLOYER/SCHOOL DISTRICT NAME/ADDRESS

DATE: _____

Please complete and return this form to the Office for Human Resources and Educator Quality. Send scanned copy to everifications@pasco.k12.fl.us.

This form must be transmitted from the employer to the District School Board of Pasco County and not by the applicant or any other third party.

The below employee/candidate has been recently hired or is being considered for employment by the District School Board of Pasco County. Since additional compensation may be paid for creditable years of related work experience, we are requesting that **Part II and Part III** below be completed. The completed form should be sent within five (5) days to the Office for HREQ. The employee/candidate's signature of this verification of employment form authorizes prior employers to provide our organization information related to [his/her] employment history, dates, and performance information. **Falsification of information may lead to termination or offer being rescinded.**

Employee Signature: _____

PART I – TO BE COMPLETED BY EMPLOYEE/CANDIDATE

| | | | |
|-------------------|--------------------------------------|-----------|---------------------|
| First Name | Middle Initial | Last Name | Other Names Used |
| Social Security # | Position Held with Previous Employer | | Dates of Employment |

PART II – TO BE COMPLETED BY EMPLOYER *Please use a separate line for each year and complete all columns or check here if Not able to locate a record of service for this employee.*

| Dates of Service FROM MM/DD/YYYY | Dates of Service TO MM/DD/YYYY | Months Worked Per Year | Hours Worked | | Days in Contract Year or # Days Employed (if applicable) | Position Held (Please indicate if "substitute" teaching) | Brief Description of Duties |
|----------------------------------|--------------------------------|------------------------|--------------|--------|--|--|-----------------------------|
| | | | Daily | Weekly | | | |
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Reason for separation: _____

Is this employee eligible for re-hire? Yes No
 Are you comfortable with this person working with children? Yes No

Part III - COMPLETE THIS PORTION IF EMPLOYEE HELD A TEACHING OR OTHER INSTRUCTIONAL POSITION. Failure to complete this section may impact placement level.

- Was/is the employee certified by the State? Yes No
- Has employee received satisfactory evaluations for years of service above? Yes No If no, please indicate which year(s) were not satisfactory: _____
- Is there an Affidavit of Separation in this employee's personnel file? Yes No If yes, please attach a copy of this document. (FL Statute 1012.31-2)

| | | |
|--------------|--------------|------|
| Printed Name | Title | Date |
| Signature | Phone Number | |