

TRENTON BOARD OF EDUCATIONAdministration Building, 108 N. Clinton Ave. Trenton, New Jersey 08609

HUMAN RESOURCES DEPARTMENT

Telephone: (609) 656-4900 x 5438 or x5752

VERIFICATION OF EXPERIENCE

| Employee Name (please print) | | Last four digits of Social Security # | | | | | | | |
|--|----------------------------------|---------------------------------------|-------------------------------|------------|-------------------------------|--|-----------|-----------|------------|
| By my signature, I hereby authori | ze the release o | f all information | requested below: | | | | | | |
| Sigr | | | Date | | | | | | |
| To Whom it May Concern: I have received an offer of emplo dates of employment verified. Yo Department of Human Resource | ur promptness | in returning this | form directly to the Departme | ent of Hur | man Resources at the followi | | | | |
| Please complete the sections belo | ow as follows: | | | | | | | | |
| List each year sepa Do NOT list substit | | copies of additic | onal years if required. | | | | | | |
| Name of School or Agency | Hire Date Ending Date (mm/dd/yy) | | Job Title | Job Title | | Number of days worked in contract year | Full-Time | Part-Time | Terminated |
| | | | | | | | | | |
| | | | | | | | | | |
| School District Authorized Signat | | • | • | | State of Sworn before me this | | | | _ |
| Address City | , | State | Zip | | Notary Signature | | | | |
| Area Code Telephone Number 8 | Extension | E-mai | l Address | | | | | | |