

CHERRY CREEK SCHOOL DISTRICT: VERIFICATION OF PREVIOUS PROFESSIONAL EXPERIENCE

Please complete the Employee Information section below and submit to your previous employer for completion. One form per employer.

Employee Information:

Name: First Middle Last	Last Four of Social Security Number	Date of Birth mm/dd/yyyy	Dates of Employment (from - through)
	XXX-XX-		

I understand that this verification form must be received within 30 calendar days of my hire date. After the 30 calendar days and/or upon verification of my professional experience per the guidelines in Policy 4141, I understand that my initial placement may be adjusted which might include salary adjustments and contract amendments. Retroactive pay will not be granted for verification forms received later than 30 days after my hire date.

Additionally, I authorize release of my employment information by signing below.

Employee's Signature

Previous employer: I have been offered a position by Cherry Creek School District. Please complete the Employment Verification below and return by email to me at _____. I'll then provide this completed form to CCSD for salary placement.

Employment History:

Position Held	School/Building	From - To Date (mm/yyyy - mm/yyyy)	Full or Part Time	Hours/Day	Days/Year	FTE	Contracted? Yes or No

Employment Verification: To the best of my knowledge, all the information provided on this document is true and correct.

School District / Organization	Date of Completion
Name of Certifying Official	Position of Certifying Official
Signature of Certifying Official	Certifying Official Contact Information (Email/Phone)