



TRENTON BOARD of EDUCATION

Administration Building, 108 N. Clinton Ave. Trenton, New Jersey 08609

HUMAN RESOURCES DEPARTMENT

Telephone : (609) 656-5459 or 5471

VERIFICATION of EXPERIENCE

Employee Name (please print) _____

Last four digits of Social Security # _____

By my signature, I hereby authorize the release of all information requested below :

Signature

Date

To Whom it May Concern :

I have received an offer of employment from the Trenton Board of Education. In order to be placed on the appropriate step of the salary schedule it is necessary to have my dates of employment verified. Your promptness in returning this form directly to the Department of Human Resources at the following address will be greatly appreciated : **Department of Human Resources, Trenton Board of Education, 108 N. Clinton Ave., Trenton, NJ 08609.**

Please complete the sections below as follows :

1. List each year separately – attach copies of additional years if required
2. Do not list substitute teaching

| Name of School or Agency | Hire Date (mm/dd/yy) | Ending Date (mm/dd/yy) | Job Title | Job Duties | Number of days worked in contract year | Full-time | Part-time | Terminated |
|--------------------------|-------------------------|---------------------------|-----------|------------|--|-----------|-----------|------------|
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School District Authorized Signature (Sign in front of Notary or use School Board seal)

Title _____

Address _____ City _____ State _____ Zip _____

Area Code _____ Telephone Number & Extension _____ E-mail Address _____

State of _____ County of _____

Sworn before me this _____ day of _____ 2009

Notary Signature _____

Notary Seal & Commission Stamp _____