

Employment Verification

PLEASE RETURN TO:
Flagstaff Unified School District #1
3285 E. Sparrow Ave.
Flagstaff, AZ 86004
Human Resources
928 527-6070 Fax 928 527-6078

Applicant: Please complete the section below, mail to previous employer(s).

I hereby authorize _____ (previous employer) to answer any questions that may be asked and to give any information that may be sought concerning my work, habits, character or skills as it relates to my application for employment with the Flagstaff Unified School District #1.

Print Name

Signature

Date

District Representative, please complete the following information. Do not include substitute teaching. List one year per line.

<u>Contracted School Year</u>	<u>Dates of Service</u>		<u>Contracted Days</u>	<u>Days Worked</u>	<u>Full/Part Time</u>
	<u>From</u>	<u>Through</u>			
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

1. General evaluation of applicant: _____ Superior _____ Excellent _____ Average _____ Poor

2. Reason for termination: _____ Resigned _____ Dismissed _____ Given option of dismissal or resignation

3. Please state any extenuating circumstances concerning termination:

None: _____

Other: _____

4. Would you rehire this person if a vacancy existed in your district: _____ Yes _____ No

5. Was certification from the Department of Education required for this position? _____ Yes _____ No

Signature

Position Title

Date