

Employment Verification

Nurses-OT/PT & other Licensed Professionals (non-teaching)

EMPLOYERS, 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 and mail to previous employer(s).

I hereby authorize:

Name of Employer: _____

Address of Employer: _____

Telephone Number of 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.

(Applicant) Print Name

Signature

Date

Last 4 digits of your Social Security #: xxx-xx-

Please list all positions held by above named employee:

Position Title Date Hired Last Date in Position License/Certification held:

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Current Employment Status (i.e.: currently working, suspended, on leave, terminated, etc.): _____

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? ___ Yes ___ No

I have read the above statement. I certify that the statements contained herein are true and correct.

Signed: _____ Print Name: _____

Title: _____ Date: _____

(6/24/2013)