

**Flagstaff Unified School District #1**  
**3285 E. Sparrow**  
**Flagstaff, AZ 86004**  
**Employment Verification**

**Form #4**

*(Complete the top portion, sign, date and mail to former school district)*

I hereby authorize \_\_\_\_\_ 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 School District.

Print Name	SSN
Signature	Date

In order to verify the employment experience of the teacher named below, we would appreciate your filling out the following statement. Please do not include substitute teaching.

This is to certify that \_\_\_\_\_ was employed in \_\_\_\_\_ for the period named.

**Record Only One Year's Service On A Line**

School year during which teaching was done	Number of months in school year	Number of months actually taught
_____ to _____	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____

1. General evaluation of teacher:       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

Date \_\_\_\_\_

Signature	Position
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