



MS Schools for the Deaf and the Blind
1403 Eastover Drive
Jackson, MS 39211
Phone: (601) 984-8200 Email: hr@msdbk12.org

VERIFICATION OF PREVIOUS EMPLOYMENT

Part I: To be completed by Applicant (Please print the following information)

Social Security Number: ____/____/____

Employee Name: _____
(Last) (First) (Middle)

Telephone Number: _____ Employment Dates: ____/____/____ to ____/____/____

Part II: To be completed by the School District in which the teaching experience was earned.

Name of District	State	Position Held	Beginning Date	Ending Date	Contract Days in Year	Contract Days Employed	Full/Part Time

I certify all information listed above is complete and correct according to the official records in the school system or institution providing this verification of employment.

Authorized Official Signature

Title

Date