



Pleasant Local Schools
Office of the Treasurer
1107 Owens Rd W
Marion, OH 43302
Tel: 740/389-4476
Fax: 740/389-6985

PRIOR EMPLOYMENT VERIFICATION FORM EMPLOYEE SECTION

COMPLETE THIS SIDE OF THE FORM **ONLY** AND FORWARD ONE FORM TO EACH FORMER EMPLOYER

EMPLOYEE'S NAME: _____ SS# _____

ADDRESS: _____
Street City State Zip Code

In order for experience credit to be granted for the current school year, Pleasant Local Schools must receive verification no later than the last working day of the current contract period. If you are being considered for employment prior to completing a contract, verification must be received before the resignation date.

Employee Signature is required below:

BY MY SIGNATURE, I ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY TO OBTAIN COMPLETE WRITTEN EMPLOYMENT VERIFICATION(S) FROM MY PREVIOUS EMPLOYER(S) AND SUBMIT THE COMPLETED INFORMATION TO THE HUMAN RESOURCES DEPARTMENT. I ALSO AUTHORIZE THE RELEASE OF ALL INFORMATION REQUESTED ON THE REVERSE SIDE OF THIS FORM TO PLEASANT LOCAL SCHOOLS.

SIGNATURE/DATE _____

PLACEMENT ON THE PLEASANT LOCAL SCHOOLS SALARY SCHEDULE WILL BE BASED ON ACCEPTABLE VERIFIED EXPERIENCE.

EMPLOYEE MUST SUBMIT THE COMPLETED FORM TO:

**PLEASANT LOCAL SCHOOLS
ATTENTION: OFFICE of the TREASURER
1107 OWENS RD W
MARION, OH 43302**

**PLEASANT LOCAL SCHOOLS
HONOR THE PAST.... NURTURE THE PRESENT.... ENVISION THE FUTURE**

VERIFYING EMPLOYER, PLEASE COMPLETE THIS SIDE

REQUEST FOR VERIFICATION OF PRIOR FULL - TIME EMPLOYMENT

RETURN COMPLETED FORM TO THE EMPLOYEE

The individual whose name appears on the reverse side of this form is employed by Pleasant Local Schools. In order to establish correct Ohio Certification and salary placement, it is necessary to verify previous professional employment. Please complete this form to provide verification of employment in your school system, business, or institution. Your assistance in establishing a correct service record for this employee is appreciated.

Employee's Name _____ SSN: _____

The following information is needed to determine salary placement of the above named individual. List FULL - TIME and CONTINUOUS employment only. Use separate lines if there is a break in service. If you need more space, please duplicate this form. Also, please indicate any unpaid leaves of absence with beginning date and ending date.

<u>Start Date</u> MM/DD/YYYY	<u>End Date</u> MM/DD/YYYY	<u>Position Title</u>	<u>Hours worked Per Week</u>	<u>PLS Use Only</u> <u>Years Awarded</u>

Description of job duties:

IMPORTANT! PLEASE COMPLETE BOX BELOW!

TEACHING or SUBSTITUTE TEACHING EXPERIENCE ONLY

Did this position require a teaching certificate? ☐ Yes ☐ No Did employee have a continuing contract as a teacher? ☐ Yes ☐ No

If an employee was a substitute teacher, enter total days worked each school year in space above.

For school districts outside of OHIO, is your school district ☐ Public or ☐ Private?

Company/School District Name & Address:

Name

Signature of Verifying Official

Address

Title of Verifying Official

City State Zip Code

Telephone # (____)_____

**TO PROVE AUTHENTICITY, THIS DOCUMENT MUST CONTAIN EITHER AN ORIGINAL COMPANY STAMP OR SEAL
OR HAVE THE VERIFYING OFFICER'S SIGNATURE NOTARIZED.**

State of _____ County of _____

Before me, a Notary Public for the above state and county, appeared the above named _____,
Who acknowledged that they signed the foregoing instrument and that their signing was their free act.
IN TESTIMONY WHEREOF, I have hereto subscribed my name and affixed my seal this _____ day of _____.
My Commission expires _____.

Notary Public _____