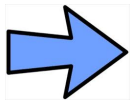


BAINBRIDGE ISLAND SCHOOL DISTRICT #303

VERIFICATION OF EMPLOYMENT

Employee: Please complete this side only and return it to your previous employer.



Enter Previous
Employer
Information

School System or Institution
Attn: Human Resources
Mailing Address
City, State, Zip Code

Individual's Name (First, Middle, Last)
Full name when last employed with your organization.
Social Security Number
Approximate dates of employment for which verification is requested.
Approximate dates of leave of absence periods.
Position/s
Name of school/s or departments.

I authorize you to release all information requested in the "Verification of Employment" form to the school district listed below.

Employee Signature _____

Date _____

<p>Return to: Bainbridge Island School District #303 Attn: Viet-Anh Moy, HR Specialist 8489 Madison Avenue N.E. Bainbridge Island, WA 98110 (or FAX: 206-842-2928)</p>
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FORMER EMPLOYER: The individual whose name appears above **must** have previous professional employment verified. Please complete the information requested on the *reverse* side of this form. Your assistance in establishing an accurate service record for this employee is appreciated

OVER

