Name: _____ **ID#:** _____

Last 4 Digits of SS: _____ **Cell#:** _____

E-mail: _____

Please select what information you would like included:

- ☐ **Position/Job Title**
- ☐ **Annual Salary**
- ☐ **Hourly Salary**
- ☐ **Start Date and/or End Date**
- ☐ **Years in District**

Additional Information/Comments:

_____

_____

_____

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_____

Signature: _____ **Date:** _____

Please keep in mind that our employment verifications may take anywhere between 7 – 10 business days to be completed. Also, please make sure to sign and date this form in order to have the verification request completed and sent to you.