



BIBB COUNTY SCHOOL DISTRICT
ACHIEVEMENT AND PERFORMANCE... FOR EVERY CHILD

Post Office Box 6157 Macon, Georgia 31208 (478) 765-8560

Upon completion please mail to the address above Attn: Human Resources/Kay Johnson/Salary Coordinator.

EMPLOYEE: Please complete this section.

Memo To:

Business/Organization to Provide the Verification of Experience	
Name of Business/Organization:	
Street Address:	
City, State, Zip Code:	

Re: Verification of Employment

I have been recommended for employment with the Bibb County Public School System. In order to establish correct salary placement, it is necessary to verify previous employment. It is requested that verification be provided for the employment with your company, business or institution. Your assistance in establishing my service record will be appreciated.

Identification Information			
First Name:	Middle Name:	Maiden Name:	Last Name:
Full Name When Last Employed With Organization:			
Social Security Number:		Date of Birth:	
Dates of Employment:			
Position(s) Held:			

Authorization is granted to release all information requested in this "Verification of Employment" to the Bibb County Public School System.

Signature

Date

FORMER EMPLOYER: Please complete this section.

Use one line for each position held – Do not include Leave of Absence Periods

Name of Company	Address	Dates of Service		Position Held	Hours worked per week	Duties/Responsibilities
		From	To			

I certify that the above listed verification omits leave of absence periods. I further certify that all information listed above is complete and correct according to the official records on file in the company, business or organization providing this verification of employment.

Signature of Authorized Official

Title

Date

Address

City

State

Zip Code

Telephone Number