# Jackson County School District

P. O. Box 5069
Vancleave, Ms 39565
Phone (228) 826-1757 ext 7
Fax (228) 826-1716

I have been requested to furnish verification of my previous employment as a teacher/administrator in your school system. Please complete the verification below and mail to: **Jackson County School District-ATTN: Human Resources, P. O. Box 5069, Vancleave, MS 39565**

My employment in your system was during the following school sessions:
_____, _____, _____, _____, _____

My name at the time of employment was: _____

Social Security Number: _____

Telephone Number _____

Signature: _____

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## Certified Staff
## Verification of Previous Employment

This is to certify that _____ was employed

In the _____ School System as follows:

| School Session | Position/Subject Or Grades | Length of School Term in Days | # of Days Under Contract | Specify Full or Part Time |
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(Please list each year separately, use separate sheet if necessary)

Signed _____ Title _____

Date _____ Telephone # _____

Modified 07-05-16 ms