

**Jackson County School District**

ATTN: Human Resources

P. O. Box 5069

Vanceleave, MS 39565

Telephone: (228) 826-1757 ext 7 Fax: (228) 826-1716

**Non –Certified  
Verification of Previous Employment**

\_\_\_\_\_  
Name of Employee (Please Print)

\_\_\_\_\_  
Social Security Number

*For use if employed in a school district*

School Session Start & End Dates	Position Held	Length of School Term In Days	Number of Days Employed	Specify Full or Part Time Employment

(Please list each year separately, use separate sheet if necessary)

*For use if employed at a business*

Start Date & End Date of each year employed	Position Held	How many hours/days a week employed (specify)	How many hours a day worked?	Specify Full or Part Time Employment

(Please list each year separately, use separate sheet if necessary)

Name of business employed \_\_\_\_\_

Address of business employed \_\_\_\_\_

Name & phone number of contact \_\_\_\_\_

**\*\*\*\*This portion must be completed before returning\*\*\*\***

Signed \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Phone # \_\_\_\_\_