

HAMPTON SCHOOL DISTRICT

Hampton Public Schools * P.O. Box 1176 * Hampton, AR 71744 * 870.798.2742 * Fax 870.798.2239

VERIFICATION OF PRIOR EMPLOYMENT

To Whom It May Concern:

I have been hired by the Hampton Public School District. Since my salary will be determined by my years of verified teaching experience, I would appreciate your completing Part II below and forwarding it within five days to the Personnel Department, Hampton School District, P. O. Box 1176, Hampton, AR. 71744, or fax to 870.798.2239. I have completed Part I for your reference.

Employee Signature

Part I - Personal Data (to be completed by employee)

Last Name First Name MI SSN

IF MORE THAN ONE (1) PRIOR SCHOOL DISTRICT, PLEASE LIST ALL BELOW:

Prior School District	Mailing Address/Fax #	Position Held	Dates
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Part II - Employment Record/Teaching Experience (to be completed by the appropriate school official)

Use one line for each academic year

Employment Date		Sick Leave	FT/PT#Days	Position/Subject/Grade
Begin Date	End Date	Balance		
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School Official

Title

School System/Employer

Date

Address Phone/Fax#