



# PARKERS CHAPEL SCHOOLS

209 Parkers Chapel Road, El Dorado, AR 71730  
VERIFICATION OF PREVIOUS EMPLOYMENT

Last Name	First Name	Middle Name/Initial

Maiden Name	SSN
	XXX-XX-_____

We have recently employed the above individual. The following information is requested for our files. If you have any questions, please call 870-862-4641. **Please fax this completed form to Benita Jones at 870-881-5092.** Thank you!

School District	Beginning Date of Service	Ending Date of Service
Position/Title	Number of Years Taught	Number of Years in District
	In/State: Out/State:	
Teacher Retirement Status	Sick Leave Days Eligible to Transfer	
Insurance Coverage/Company	Type of Coverage	Coverage Ending Date

I certify that this verification of information is complete and accurate.

_____ Verification Signature	_____ Date	_____ Title
_____ Phone	_____ Address	

I, \_\_\_\_\_, authorize the release of information requested.

_____ Release Signature	_____ Date
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