OFFICE OF HUMAN RESOURCES
5775 Osceola Trail
Naples, Florida 34109-0919
(239) 377-0335
(239) 377-0385 FAX

Employee Name _____
Social Security # XXX-XX-_____ (last 4 digits only)
Hired As: _____

By my signature, I hereby authorize the release of all information requested below.

_____
Signature

To be completed by previous employer
and returned to CCPS

VERIFICATION OF EXPERIENCE - NONINSTRUCTIONAL

POSITION OR TYPE OF WORK	FROM MO/DAY/YEAR	TO MO/DAY/YEAR	HOURS PER WEEK	HOURLY WAGE

I certify that _____
First Middle Last

was employed by _____

as _____ at _____, _____
City County

_____ for a period of _____ years.
State

SIGNATURE _____
Employer/Department Head

PRINT/TYPE _____

DATE_____

POSITION _____

ADDRESS _____
Street

_____
City State Zip

PHONE (____)_____