



Cabot Public Schools, Personnel Department
 602 North Lincoln, Cabot, AR 72023
 (501) 843-3363 Phone (501) 941-2610 Fax

CERTIFIED EXPERIENCE VERIFICATION FORM

THIS SECTION TO BE COMPLETED BY EMPLOYEE

Former employer's name: _____
 Former employer's address: _____

Employee's Name: _____ Social Security Number: _____
 Position(s) Held: _____ Dates Employed: _____

Authorization for release of information: _____
 _____ Employee's Signature _____ Date

The individual named above has accepted employment with the Cabot School District and may be eligible for experience credit based upon years of service with your district. Please complete the experience verification information and return this form via fax to the fax number shown above or by mail to the address shown above. We appreciate your assistance.

VERIFICATION OF EXPERIENCE:

Inclusive Dates of Service		Name of School	Position Held	# of Hours Per Day	# of Hours Per Week	Contract Days per Year	Certified Contracted Position (Y/N)
FROM (MM/YY)	TO (MM/YY)						

Accreditation Status: Yes, school accredited for years shown. Name of accrediting Agency: _____
 No, school was not accredited for the years shown above.

Signature of Person Verifying Experience: _____ Title: _____ Date: _____