

Los Alamos Public Schools

NON-CERTIFIED EMPLOYMENT VERIFICATION

Part I - To be completed by Applicant

Make copies as needed.

Upon completion of Part I, please mail this form to ALL past and present employers.

Last Name First Name Middle/Maiden Name

Social Security Number:

Part II - To be completed by Employer (ALL Past and Present)

The above applicant has applied for employment with the Los Alamos Public Schools. Please complete this form for the years of experience earned in your organization. Please use a separate line for each year employed.

Table with 5 columns: Employed from Month/Year To Month/Year, Company Name, Position Held, Hours Worked Per Day, Specify Full-time of Part-time. Contains 8 rows for data entry.

Signature of Authorized Representative

Printed Name of Authorized Representative

Phone Number of Authorized Representative

District or Institution

City and State

Date

Please complete and return to:

Los Alamos Public Schools
Human Resources Department
P.O. Box 90
Los Alamos, NM 87544
Phone (505) 663-2222
Fax (505) 663-2791