

**Los Alamos Public Schools**

P. O. Box 90

Los Alamos, NM 87544

Telephone (505) 663-2222

Fax (505) 663-2791

Website [www.laschools.net](http://www.laschools.net)

**CERTIFIED EMPLOYMENT VERIFICATION**

**Part I - To be completed by Applicant**

Make copies as needed.

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Was employed by: \_\_\_\_\_

City of: \_\_\_\_\_ State of: \_\_\_\_\_

**Part II - To be completed by District or Organization**

(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 district or organization. Please use a separate line for each school year.

Beginning Month- Day- Year	Ending Month- Day- Year	Position Or Grade Assignment	Number of Days Worked	Hours Per Day	Specify Full-time or Part-time

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
District or Institution

\_\_\_\_\_  
City and State                      Phone

\_\_\_\_\_  
Date

Please complete and return to:

Los Alamos Public Schools  
Human Resources Department  
P.O. Box 90  
Los Alamos, NM 87544

Human Resources Fax (505) 663-2791