

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.

Employed from Month/Year To Month/Year	Company Name	Position Held	Hours Worked Per Day	Specify Full-time of Part-time
/ To /				
/ To /				
/ To /				
/ To /				
/ To /				
/ To /				
/ To /				
/ To /				

\_\_\_\_\_  
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) 663-2219  
Fax (505) 663-2791  
Email to: [c.herrera@laschools.net](mailto:c.herrera@laschools.net)