



**Office of Human Resources**  
Department of Systems and Staffing  
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[columbus.k12.oh.us](http://columbus.k12.oh.us)

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*Mission: Each student is highly educated, prepared for leadership and service, and empowered for success as a citizen in a global community.*

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## PRIOR EMPLOYMENT VERIFICATION FORM

### EMPLOYEE SECTION

COMPLETE THIS SIDE OF THE FORM ONLY AND FORWARD ONE FORM TO EACH FORMER EMPLOYER

EMPLOYEE'S NAME: \_\_\_\_\_ SS# \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

In order for experience credit to be granted for the current school year, Columbus City Schools must receive verification no later than the last working day of the current contract period. If resigning before completing the current contract period, verification must be received before the resignation date.

Employee Signature is required below:

BY MY SIGNATURE, I ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY TO OBTAIN COMPLETE WRITTEN EMPLOYMENT VERIFICATION(S) FROM MY PREVIOUS EMPLOYER(S) AND SUBMIT THE COMPLETED INFORMATION TO THE HUMAN RESOURCES DEPARTMENT. I ALSO AUTHORIZE THE RELEASE OF ALL INFORMATION REQUESTED ON THE REVERSE SIDE OF THIS FORM TO COLUMBUS CITY SCHOOLS.

SIGNATURE/DATE \_\_\_\_\_

PLACEMENT ON THE COLUMBUS CITY SCHOOLS SALARY SCHEDULE WILL BE BASED ON ACCEPTABLE VERIFIED EXPERIENCE.

EMPLOYEE MUST SUBMIT THE COMPLETED FORM TO:

COLUMBUS CITY SCHOOLS  
ATTENTION: OFFICE OF HUMAN RESOURCES  
DEPARTMENT OF SYSTEMS AND STAFFING  
270 EAST STATE STREET  
COLUMBUS, OHIO 43215

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*Human Resources Supporting Vision: Maximizing Human Capital for Student Success*

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The Columbus City School District does not discriminate based upon sex, race, color, national origin, religion, age, disability, sexual orientation, gender identity/expression, ancestry, familial status or military status with regard to admission, access, treatment or employment. This policy is applicable in all district programs and activities.

# VERIFYING EMPLOYER, PLEASE COMPLETE THIS SIDE

REQUEST FOR VERIFICATION OF PRIOR FULL-TIME EMPLOYMENT  
RETURN COMPLETED FORM TO THE EMPLOYEE

The individual whose name appears on the reverse side of this form is employed by Columbus City Schools. In order to establish correct Ohio Certification and salary placement, it is necessary to verify previous professional employment. Please complete this form to provide verification of employment in your school system, business, or institution. Your assistance in establishing a correct service record for this employee is appreciated.

Employee's Name \_\_\_\_\_ SSN: \_\_\_\_\_

The following information is needed to determine salary placement of the above named individual. List **FULL-TIME** and **CONTINUOUS** employment only. Use separate lines if there is a break in service. If you need more space, please duplicate this form. Also, please indicate any unpaid leaves of absence with beginning date and ending date.

<u>Start Date</u> MM/DD/YYYY	<u>End Date</u> MM/DD/YYYY	<u>Position Title</u>	<u>Hours Worked</u> <u>Per Week</u>	<u>CCS Use Only</u> <u>Years Awarded</u>

Description of job duties:

**IMPORTANT! PLEASE COMPLETE BOX BELOW!**

**TEACHING OR SUBSTITUTE TEACHING EXPERIENCE ONLY**

Did this position require a teaching certificate?  Yes  No Did employee have a continuing contract as a teacher?  Yes  No

If an employee was a substitute teacher, enter total days worked each school year in space above.

For school districts outside of OHIO, is your school district  Public or  Private?

Company/School District Name & Address:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State                      Zip Code

\_\_\_\_\_  
Signature of Verifying Official

\_\_\_\_\_  
Title of Verifying Official

Telephone # (\_\_\_\_) \_\_\_\_\_



TO PROVE AUTHENTICITY, THIS DOCUMENT MUST CONTAIN EITHER AN ORIGINAL COMPANY STAMP OR SEAL OR HAVE THE VERIFYING OFFICER'S SIGNATURE NOTARIZED.

State of \_\_\_\_\_ County of \_\_\_\_\_

Before me, a Notary Public for the above state and county, appeared the above named \_\_\_\_\_, who acknowledged that they signed the foregoing instrument and that their signing was their free act. IN TESTIMONY WHEREOF, I have hereto subscribed my name and affixed my seal this \_\_\_\_\_ day of \_\_\_\_\_. My Commission expires \_\_\_\_\_.

Notary Public \_\_\_\_\_

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