

SHERIDAN ALLPREP

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All information on this page is to be provided by the employee.

TO:

Former Employer:
Name of School:
Street Address:
City, State, Zip:

FROM: Sheridan AllPrep Academy
Attn: Christine Caponi
PO Box 583
Sheridan, Oregon
Phone: (503) 843-9330
FAX: (866) 758-1982

The individual whose name appears below has been employed by Sheridan AllPrep Academy. In order to establish correct certification and salary placement, it is necessary to verify previous professional employment. This is to request that verification be provided for the professional employment in your school system or institution. Your assistance in establishing a correct service record for this employee will be appreciated.

Please complete the form below and return it to the above address or FAX, or scan/email it to: Christine Caponi: admin@sheridanallprep.org Thank You!

Data Needed by the Organization Providing the Verification of Employment
Full Name:
Previous Name (if applicable):
Dates of Employment:
Dates of Leave of Absence Periods:
Positions:
Name of Schools and/or Departments:

I authorize you to release all information in the "Verification of Employment" to Sheridan AllPrep Academy, including all information related to any substantiated reports of child abuse, sexual misconduct or crimes listed in ORS 342.143. I release the above employer and employees acting on behalf of the employer from any liability for providing information described in this document.

Employee Signature

Date

Verification of Employment

Part I: To be completed by applicant

Employee's Name _____ Birth Date _____

Address _____

City _____ State _____ Zip Code _____

Part II: To be completed by current or previous employer (Superintendent, Headmaster, Director, or Designated Personnel Officer)

Please fill in the beginning and ending dates for each year of employment in a licensed (or note if classified) position and indicate the exact number of days paid. Do not include substitute teaching, summer school, tutoring, interning, or leave of absence periods. Use the reverse side if more space is needed.

School District or School	From Mo/Yr	To Mo/Yr	Position	Grade/Subject	No. of Days Employed	FTE

The employee was was **not** the subject of a substantiated report of child abuse or sexual misconduct related to the applicant's employment with the education provider. Dates of any substantiated reports: _____

Please attach the definitions of child abuse and sexual misconduct used by the District when the education provider determined that any reports were substantiated and the standards used by the District to determine whether any reports were substantiated.

I certify that this verification of professional experience omits leave of absence periods. I further certify that all information listed is complete and correct according to the official records on file in the school system or institution providing this verification of employment.

Printed name of person verifying information

Title

Signature of person verifying information

Date

Phone Number