



Talent Department
 Strategic Staffing
 3700 South High Street
 Columbus, OH 43207
 Tel: (614) 365-5000
 Fax: (614) 365-8332

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

PRIOR EMPLOYMENT VERIFICATION FORM EMPLOYEE SECTION

COMPLETE THIS SIDE OF THE FORM ONLY AND FORWARD ONE FORM TO EACH FORMER EMPLOYER. This applies to all teachers (teachers are nurses, librarians, school counselors, school psychologists, occupational therapists, speech pathologists, physical therapists, school social workers, or other position titles which hold a one-year limited or continuing contract and is a member of the CEA bargaining unit).

EMPLOYEE'S NAME: _____ **SS#** _____

ADDRESS: _____

Street

City

State

Zip Code

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:

HR@columbus.k12.oh.us

Please be advised that the employee must send this document to each employer via email and Copy (CC) the HR@columbus.k12.oh.us email box. Forms must be returned the same.

Human Resources Supporting Vision: Maximizing Human Capital for Student Success

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 districts 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. 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 Per</u> <u>Week</u>	<u>CCS Use Only Years</u> <u>Awarded</u>
Description of job duties:				
<p>IMPORTANT! PLEASE COMPLETE BOX BELOW! TEACHING OR SUBSTITUTE TEACHING EXPERIENCE ONLY (If you did not complete 120 days within a school year, the time will not count)</p>				
1.) Did this position require a teaching certificate or professional license? <input type="radio"/> Yes <input type="radio"/> No (If yes, please complete 2,3 and 4) (If No, please complete company name/school district)				
2.) Did employee have a continuing contract as a teacher <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A				
3.) If an employee was a substitute teacher, enter total days worked in space above				
4.) For employers and school districts, is your school district <input type="radio"/> Public or <input type="radio"/> Private?				

Company/School District Name & Address:

_____			_____	
Name			Signature of Verifying Official	
_____			_____	
Address			Title of Verifying Official	
_____			() _____	
City	State	Zip Code	Telephone Number	



TO PROVE AUTHENTICITY, THIS DOCUMENT MUST BE RETURNED TO THE EMPLOYEE AND COPY (CC) THE HR@COLUMBUS.K12.OH.US EMAIL BOX.

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