



VERIFICATION OF FULL-TIME EMPLOYMENT

*Introduction for person conducting verification check: John/Jane Doe has applied for a position with us (provide Position Title) and has listed you as a past employer. The information you provide substantiates salary decisions for this individual so it is vital and would be appreciated. **This form is due back by _____.***

Thank you for your assistance in this matter.

Sincerely,

Your name

High School- Lee Campus
Direct: (239) 432-6767
Fax: (239) 432-5209
8900 College Parkway
Fort Myers, FL 33919

Telephone verification completed for the below teacher:

Teachers Name	XXX-XX- Last four digits of SS Number	Date
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Institution Name	Position(s) Held
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Dates of employment: From: _____ To: _____

What portion of this was considered a full-time load of teaching, counseling or librarian duty:

Courses taught: _____

Other comments: _____

I certify that, according to our records, the above information is accurate.

Collegiate High School (07/05, 07/14)	Title	Date
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