



VERIFICATION OF EMPLOYMENT

DEPARTMENT OF EDUCATION

Office of Human Resources

Teacher Recruitment

P.O. Box 2360, Honolulu, HI 96804

(CONTRACTED EMPLOYMENT ONLY; EXCLUDING LONG-TERM LEAVES OF ABSENCE, SUBSTITUTE TEACHING)

I hereby authorize the release of the following information regarding my previous employment with your School or School District.

Employee Signature: _____

Last 4 digits of SSN: _____

Information below must be completed by an AUTHORIZED OFFICIAL of the school or school district. Please use a SEPARATE line for each year of school service.

Employee's Name: _____
 Last First M.I.

Last 4 digits of SSN: _____

SCHOOL DISTRICT AND SCHOOL NAME	POSITION TITLE	GRADE(S) AND SUBJECT(S) TAUGHT	DATES OF SERVICE		NO. OF MOS. IN SCH. YR.	NO. OF MOS. TAUGHT*	COMPLETED SEMESTER*		EMPLOYMENT STATUS HRS.		
			FROM (MM/DD/YY)	TO (MM/DD/YY)			YES	NO	FULL TIME	HALF TIME	NO. OF HRS WORKED PER DAY

REMARKS:

*FOR SERVICE OF 5 MONTHS OR LESS, PLEASE SPECIFY IF COMPLETED SEMESTER.

Authorized Official Signature: _____

Title: _____

School/District: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel#: _____ Date: _____

MM/DD/YYYY

Please Indicate:

Public School

Non-Public School (Include a copy of state approval or accreditation status)

RETURN COMPLETED FORM TO:

HAWAII STATE DEPARTMENT OF EDUCATION

Office of Human Resources

P.O. Box 2360

Honolulu, HI 96804

ATTN: TEACHER RECRUITMENT