

## "Our Focus is Teaching and Learning"

## VERIFICATION OF EXPERIENCE

Complete the verification form for the applicant listed below and fax it to the Personnel Department at (662) 373-1984. Also, mail the original to Tunica County School District, Attn: Personnel, P. O. Box 758, Tunica, MS 38676 or email to tcsdpersonnel@tunicak12.org.

EMPLOYEE'S NAME	SOCIAL SECURITY#					
DISTRICT/COMPANY						
	List e	each year se	parately			
Company	Beginning Date	Ending Date	Posi	ition	No. Of Days Worked	Full Time, Part Time
Total Years of Experience:(Complete if Applicable)	Months	Days		Officia	l District So	eal
Signature of Authorized Official		Title				
Address of School	District/Compar	ny Te	elephone			
Date Prepared						
Revised: 5/27/16						