

## **Baldwin County School District**

## **Certified Employment Verification**

## **SECTION 1: TO BE COMPLETED BY EMPLOYEE**

First Name		Middle Name		Last Name		SSN
Nar	ne When Employed, if di	fferent from above			Dates of Employmen	nt
nereby authorize	the release of all ir	nformation request	ed for verification	on of employment	t to the Baldwin County	y School System.
Signature						
		SECTION 2: TO B	E COMPLETED B	BY CURRENT OR P	REVIOUS EMPLOYER	
Name of School System or Institution			State		Accred	liting Agency
					ce should not be inclu eld can be accepted.	ded. If verifying
Begin Date	End Date	Days in Full Year Contract	Days Employed	Hours Per Day	Positio (Include Grade/Subje Disability Serviced	ect Taught and
ars of experien	ce from other scho	ol systems verified	and granted by	your school syste	em when employee wa	as hired:
	e tenure in your sy					
					Total years of exp	
						(date)
	ance Coverage (ple		_	•		
No coverage		BCBS HRA Bronze BCBS HRA Silver BCBS HRA Gold		BCBS HDH UHC HMO		DHP
Employee Only		Employee + Spouse		Employee + ChildrenFamily		
To	bacco Surcharge					
ate of final payo	heck:		Date of last in	nsurance deductio	on:	
		•	-	-	ertify that all informa ng this verification of	•

City, State, Zip