

Baldwin County Board of Education Human Resources Department 110 N. ABC STREET • MILLEDGEVILLE, GEORGIA 31061

PHONE (478) 457-2979 FAX (478) 457-3360

Non-Certified Employee Experience Verification

Employee Last Name:	Employee First Name:		Date of Birth:	
ocial Security Number:				
treet Address, City, Zip Coo	le			
To be completed by pr	evious employer(s) and si	anad by Parsannal	Officer/Super	vicor
	ore than one line if there	•		(1501.
Verifying Organization	Position	Dates of Service From / To	Total days of year	Hours per day
				<u> </u>
certify that the informat implete and accurate acc				
			<u>ac</u>	
Title of person completing	Phone Number	Fax	Number	
rint	 Sign	Date		
Please return to the afore	mantioned address or	fax attantion: S	hawana M	Caonard
Eteuse return to the ajore	mentionea address of	attention. 3	nawana M. L	seonara —