## **WORK EXPERIENCE VERIFICATION**

\*\*NOTE: It is the applicant's responsibility to obtain employment verification from current or previous employers. Applicant should only fill out top section. The bottom section is for employers only\*\*

## \*\*\*\*APPLICANT SECTION\*\*\*\*

AUTHORIZATION TO RELEASE INFORMATION FRO	OM:		
Current/Former Employer			
Address			
City	State Zi	p	
Applicant(Please Print)	Social Security Last Four N	lo: XXX-XX-	
Applicant(Signature)	Date		
*: —	***EMPLOYER SECTION****		
VERIFICATION INFORMATION (	CURRENT OR FORMER EMPLOYER ONLY)		
Employment dates: To	Position Title:	Full time Part-time	
Employment dates: From To	Position Title:	Full time Part-time	
INFORMATION VERIFIED BY:			
(Signature)		(Date)	
(Title)	(Phone	(Phone Number)	

EMPLOYERS, PLEASE RETURN THIS FORM TO THE APPLICANT.

Phone: (251) 578-1313

Human Resources Office Reid State Technical College 100 Hwy 83 / P.O. Box 588 Evergreen, AL. 36401