



**GAINESVILLE CITY SCHOOLS  
VERIFICATION OF EMPLOYMENT**  
Please send this form to all previous employer(s).

**Section A: To be completed and signed by employee.**

Form \_\_\_\_\_ of \_\_\_\_\_

A. Employee's Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Position/Location with Gainesville City \_\_\_\_\_

Previous System/Employer (Name and Address): \_\_\_\_\_

Dates employed with previous system: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section B. To be completed by previous Georgia employer(s) (Georgia Public School Systems only). Please complete all sections B-H.**

Verifying Georgia School System	Accrediting Agency	Dates of Service		Total Days Each Year	Hours Per Day	Position
		From	To			

Use more than one line if there was a break in service.

- C. This teacher was granted \_\_\_\_\_ years of prior experience from other schools and/or systems in accordance with Georgia Department of Education regulations upon employment with the above named verifying system.
- D. Total of experience verified above (B and C):    Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_
- E. Was employee advanced on Georgia Pay Scale?    Yes \_\_\_\_\_ No \_\_\_\_\_
- F. How was the employee paid during the last year of employment?    # of Years \_\_\_\_\_ and State Step \_\_\_\_\_
- G. Did employee have tenure in the system?    Yes \_\_\_\_\_ No \_\_\_\_\_
- H. Accumulated sick leave eligible for transfer \_\_\_\_\_ days

**Section I: To be completed by previous employers (Out of State and/or Private Institutions only). Please complete all sections I-K**

Institution/System	Dates of Service		Total Days Each Year	Hours Per Day	Position
	From	To			

- J. Total numbers of years employed in this institution \_\_\_\_\_
- K. The above name is \_\_\_\_\_ public \_\_\_\_\_ private school and is fully accredited by \_\_\_\_\_ Dept. of Education and/or \_\_\_\_\_ accrediting agency.

I certify that the information and the verification of professional experience listed above are complete and accurate according to the official records on file in this school system.

Signature and Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

Date \_\_\_\_\_

**For GCSS Use Only:**  
Total of years of experience verified in Section A and/or B \_\_\_\_\_

**Please return to: Human Resources  
Gainesville City Schools  
508 Oak Street, NW  
Gainesville, Georgia 30501  
Phone: 770-536-5275 Fax: 770-287-2019  
Email: gwen.wiley@gcssk12.net**