Jackson County School District

P. O. Box 5308
Vancleave, Ms 39565-5308
Telephone: (228) 826-4842 Fax: (228) 826-3871

I have been requested to furnish verification of my previous employment as a teacher/administrator in your school system. Please complete the verification below and mail to: **Jackson County School District—P. O. Box 5308 Vancleave, MS 39565**

My employment in your system was during the following school sessions:

_____, _____, _____, _____, _____

My name at the time of employment was: _____

Social Security Number: _____

Telephone Number _____

Signature: _____

Certified Staff
Verification of Previous Employment

This is to certify that _____ was employed

In the _____ School System as follows:

School Session	Position/Subject Or Grades	Length of School Term in Days	# of Days Under Contract	Specify Full or Part Time

(Please list each year separately, use separate sheet if necessary)

Signed _____ Title _____

Date _____ Telephone # _____

Modified 08-24-09 cr