

Office of Christine Lizardi Frazier
Kern County Superintendent of Schools
Advocates for Children

VERIFICATION OF CERTIFICATED EXPERIENCE

This is to certify that _____ was employed in a certificated capacity
 by the _____ School District in _____
(District Name) (City and State)

From (Date)	To: (Date)	Days/Months under contract	Hrs/Day	Position Held:	Grade or Subject	Credentials Held:

 District Contact Name

 Signature

 Telephone Number

 Title

 Date

Please complete and return to: **Kern County Superintendent of Schools**
Attn: Sandi Coleman, HR Technician II
1300 17th Street
Bakersfield, CA 93301

THE FOLLOWING INFORMATION MUST BE COMPLETED BY APPLICANT PRIOR TO RELEASING INFORMATION:

I, _____, give authorization to release previous employment information.
(Applicant full name)

 Signature

 Social Security Number

 Date

Completed verification must be received in Human Resources within 45 days of employment to retain initial salary placement.