

EMPLOYMENT VERIFICATION FORM - PARAPROFESSIONALS

For Service Outside of Public Schools

Name of Business

Employee Last Name

First

Middle Initial

Social Security #

Please use a SEPARATE LINE for EACH YEAR.

This is a legal document. Erasures, ditto marks, stamped signatures, or correction tape are not acceptable.

Year	State	County	Position Held	% of day employed 50% = half day 100% = full day	# of days worked	Beginning work date mm/dd/yy	Ending work date mm/dd/yy	Authorized Signature

Printed Name and Title of Authorized Signature

Date

Address of Business

Phone Number