

Verification of Previous Work Experience Form

Form Instructions:

- Please complete this form in its entirety and email it to newhire@sdccd.edu
- This form must be completed and signed by your previous employer (preferably prior supervisor or HR personnel)
- Self-Employment must be verified by your tax preparer or a copy of your company's Schedule C's for each year that you've been in business
- Military experience is verified by your DD214

***Salary placement for Vocational disciplines are dependent upon the amount of prior directly related work experience*

Employee to fill out- this individual authorizes release of the following information:

Employee Name: _____ Employee Email: _____

Previous Job Title: _____ Employee Signature: _____

Brief Description of Duties That Are Related to Discipline of Hire:

Prior Employer to fill out:

1. Dates of employment: From _____ (MM/DD/YYYY) to _____ (MM/DD/YYYY)

2. Employee's workload (Required to select 1 option, please fill out all blanks if applicable):

Contract employee, full-time-May vary depending on country, industry, or company policies

Less than full time -working average of _____ hours per week

Adjunct employee - total of _____ service hours from adjunct start date to present

* If including FTE attachment, please provide FTE=hour many hours for calculation

If Coaching, # of seasons worked = _____ (1 season = 1 year of service)

3. Additional notes regarding workload, if needed:

Name of Organization: _____

Name of person completing form: _____

Address: _____

Title: _____

E-mail: _____

Phone Number: _____

Date: _____

Signature: _____