CHEROKEE COUNTY
BOARD OF EDUCATION
130 EAST MAIN STREET
CENTRE, ALABAMA 35960
TELEPHONE (256) 927-3362

CERTIFIED EMPLOYMENT VERIFICATION FORM

Printed Name of Applicant	Social Security Number

APPLICANT: Please send this form to all school systems where you have taught. Have it returned to the above address, and include Attention: Employment Application Clerk on the envelope, no later than thirty days from employment by Cherokee County. By signing below, you are authorizing your former employer to furnish to the Cherokee County Board of Education of Centre, Alabama, the information requested on this form.

Date:_____ Signature:_____

TO BE COMPLETED BY APPROPRIATE OFFICIAL OF EMPLOYING AGENCY

This is to certify that the above named individual was an employee of the _____
Name of System
_____ for the period listed below.
School City State Zip

Dates Employed	Position Held	Specific Subjects	Specific Grades	Total Years of Service	Satisfactory Performance (Yes or No)

I certify that all information cited above is true and correct to the best of my knowledge and belief.

_____ _____
Date Signature of Verifying Official

_____ _____
Printed Name of Verifying Official Title of Verifying Official