## OLDHAM COUNTY BOARD OF EDUCATION PERSONNEL OFFICE 6165 W. Hwy. 146, Crestwood, KY 40014

## VERIFICATION OF EXPERIENCE – CLASSIFIED PERSONNEL

	, XXX-XX	(Last 4 Social Security Number), i	s being considered for
employment in the Oldham Cou	unty Schools. This app	olicant has indicated that he/she was	s employed by your
company or school system betv	veen (DATES)	to	
Please complete the form below	w to verify this employ	ment and return to the above addre	ess, fax (502) 241-3211, o
email to ocbe.HR experience-v	erification@oldham.kv	<u>yschools.us</u>	
Company Name/School System	:		<del></del>
		by company or school district represent	
MONTH & YEAR	POSITION	# OF DAYS WORKED	SCHOOL/DEPT.
30 +0.30		(i.e., 12 months = 260 days)	
20 to 20			
20to 20			
20 +- 20			
20 to 20			
20 to 20			
20 to 20			
20 to 20			
20 to 20			
20 to 20			
20to 20			
to			
If Verification is from a Kentu	ucky Public School sy	ystem, please indicate the numbe	er of accumulated Sick
Leave Days:			
		<del></del>	
Signature			Date
Position			