



Flagler County Schools
Human Resources Department
Employment History Verification

Applicant's Name: _____ **SSN:** _____

Position Hired for: _____ **Location:** _____

.....
Organization/Employer Contacted: _____

Name Person Contacted: _____

Position/Work Relationship of Person Contacted: _____

Method: Phone (Indicate Number) _____

Personal Contact (Indicate Date, Time & Place) _____

Comments:

.....
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Comments:

