Yrs-exp Rev. 08/01

Licking Regional Educational Service Center 145 N Quentin Road Newark, Ohio 43055 (740)-349-6085 FAX (740) 349-6107

VERIFICATION OF PREVIOUS EXPERIENCE

To the Employee:						
It is necessary to have a record of ye	our previous employment	experien	ce. Pleas	e list each year	r's experience on the form below	v.
Name of Employee						
Address						
ONCE YOU HAVE LISTED Y FORM TO YOUR PREVIOUS ACCURATE.						IS
To the Personnel Department of:						
					()	
Name of Employer					() Telephone	
Street	City			State	Zip	
If the record below is correct, please return.	e sign and return to the ad	dress bel	ow. If no	t, please make	the proper corrections, sign and	Ĺ
Employer		Year	# of Days	Position	Authorized Signature	

Thank you for your prompt cooperation.

Please return to: Licking Regional Educational Service Center

Attention: Treasurer's Office 145 N Quentin Road Newark, Ohio 43055