



Currituck County Schools

Inspiring Excellence in Every Student

Human Resources Department

Angela Lasher, Director

2958 Caratoke Hwy, Currituck, NC 27929 * 252-232-2223, Ext 1005 * Fax- 252-232-3655

Verification of Prior Employment

To new employee: If you have been previously employed with another NC public school system or NC state agency, please send the original of this form to the last school system or state agency with which you were employed. Mail the duplicate copy to CCS Human Resources.

Employee's Name: _____	Social Security #: <u>XXX-XX-</u> _____
Mailed to: _____	Retirement #: _____
_____	Work Site: _____
_____	Last Position: _____
_____	Date Mailed: _____

To prior state employer: Please complete the form as indicated below, attach requested information and return or fax to:
Human Resources Department
Currituck County Schools
2958 Caratoke Highway
Currituck, NC 27929

All Employees

- Dates of employment: From _____ To _____ From _____ To _____
- Breaks in service (without pay): From _____ To _____ From _____ To _____
- Employment was: Full-Time _____ Part-Time _____ % of hours _____ Temporary _____
- Is this a NC State Agency? _____ Or County Government Agency? _____
- Was this person covered by the State Personnel Act: No _____ or Yes _____
- Was this person eligible to receive State Longevity pay?: No _____ or Yes _____ Date of last payment: _____
- Please send a copy of the individual's longevity form, if applicable.

Leave Balances (please convert to days):

Sick Leave Days: _____ Annual Leave (Vacation) Days: _____
Personal Leave Days: _____ Bonus Leave (Miscellaneous) Days: _____

For Persons Holding Teaching License:

Superintendent's Copy of latest License is: Attached: _____ Not on file: _____ Given to employee: _____
PRAXIS or any other testing information and/or scores: Attached: _____ Not on file: _____ Given to employee: _____
Copy of renewal credits for current cycle is: Attached: _____ Note on file: _____ Given to employee: _____
Was career status granted with your school system? No _____ Yes _____ - Date _____

Was employee ILT? No _____ Yes _____ - Year 1 _____ 2 _____ 3 _____

Above information was completed and provided by: Name: _____

Phone #: _____ Position: _____

Date Completed: _____