



## VERIFICATION OF PREVIOUS EMPLOYMENT

Please forward this application to your previous employer and return to DCPS Staffing:

EMAIL: [dcps.staffing@dc.gov](mailto:dcps.staffing@dc.gov)

FAX: (202) 442-5316

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### APPLICANT: PLEASE COMPLETE THIS SECTION

EMPLOYEE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ SSN: \_\_\_\_\_

FORMER SCHOOL OR PLACE OF EMPLOYMENT: \_\_\_\_\_

LOCATION: \_\_\_\_\_

TITLE OF POSITION: \_\_\_\_\_

I, \_\_\_\_\_ authorize the release of my employment history with my previous employer.  
Signature of Applicant

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### THIS SECTION IS TO BE COMPLETED BY PREVIOUS EMPLOYER:

Your professional assistance in completing this form is appreciated. It is requested that this verification be returned as soon as possible.

- It is imperative that we have the specific day as well as the month and year of employment with your agency.
- If there was a break in service, indicate each period of employment separately.

FROM: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ TO: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

FROM: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ TO: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Check one:

☐ This person was employed **full-time**.

☐ This person was employed **part-time**

If **part-time**, please indicate the number of hours per week: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

*By signing and submitting this document, you are assuring that all of the information stated is accurate to the best of your knowledge. You are also acknowledging that any fraudulent information identified will result in the prospective candidate being ineligible for employment with DCPS.*