

WAKULLA COUNTY SCHOOL BOARD  
HUMAN RESOURCES DEPARTMENT  
STATEMENT OF PREVIOUS EMPLOYMENT

Please complete the following form. This will allow us to consider your past experience with the Wakulla County School Board, if appropriate, when we determine your years of experience for salary purposes.

- I have previously been employed by the Wakulla County School Board. Complete the following. Please print.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Prior Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Social Security Number (last 4 digits only): XXX-XX-\_\_\_\_\_

Position Currently Appointed \_\_\_\_\_

Previous Position: \_\_\_\_\_ Previous Work Center: \_\_\_\_\_

Date(s) of previous employment: \_\_\_\_\_

- I have verified years of service other than Wakulla County School Board.**

- I have not been previously employed by the Wakulla County School Board.**

\_\_\_\_\_  
Employee Signature Date

**FOR OFFICE USE ONLY:**

The employee listed above should be given credit for \_\_\_\_\_ years of service based on experience verified above.

\_\_\_\_\_  
Signature Date