

Name of Facility

City/State

Name of Facility	Start Date MM/DD/YYYY	End Date MM/DD/YYYY	Position:	# of days per year	Hours per day

Did this employee have a valid license during this period of employment? Yes No

Did this employee resign in lieu of termination/leave employment with allegations of misconduct or discipline pending? Yes No

Comment:

Would you rehire this employee? Yes No

Comment:

I certify that the above information is true and correct according to our official records

Signature

Printed Name

Title

Phone Number

Email Address

Date

Completed form must be faxed or e-mailed by official to 970-254-5286 or Carter.Ness@d51schools.org

