



Verification of Prior Work Experience

(Please use a separate form for **each** organization)

Name: _____

Last 4 of Social Security: _____

Name of Organization (to verify information): _____

OFFICIAL AUTHORIZATION

I hereby authorize the above named organization's designated official, to release information verifying employment information to the Human Resources Department at Durham Technical Community College. I am requesting that this information be mailed, faxed or emailed:

Durham Technical Community College
Human Resources Department
1637 Lawson Street
Durham, NC 27703
Phone: 919- 536-7244 Fax: 919- 536-7293
humanresources@durhamtech.edu

Signature _____

Date _____

To be completed by Organization Designated Official:

Full-Time Employment

Position title and dates of employment: _____

Position title and dates of employment: _____

Part-Time Employment

Position title and dates of employment: _____

Position title and dates of employment: _____

Additional experience requested: _____

Additional experience requested: _____

Clarifying remarks (optional): _____

Verifier's name (print): _____

Verifier's phone number: _____

Verifier's Signature _____

Date _____