

**Verification of Prior Employment**

**BEAUFORT COUNTY SCHOOLS**

**321 Smaw Road, Washington, NC 27889**

**Phone: 252-946-6593 Fax: 252-975-2752**

**To New Employee**: If you have been previously employed with another 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.

**To Prior State Employer:** Please complete the form as indicated below, attach requested information and return to:

**Attn: Mary Godley, Beaufort County Schools 321 Smaw Road, Washington, NC 27889**

**Employee Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Social Security** **#**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone #**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Leave Balances (please convert to Hours)**

Years of Service \_\_\_\_\_\_\_\_\_\_\_\_Years \_\_\_\_\_\_\_\_\_\_\_\_Months Sick Leave \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annual Leave \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Personal Leaves\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bonus Leave (Misc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YYears

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**Insurance Information**

State Health Plan Group # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member: Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_

Coverage Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Covered Through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Persons Holding Teaching License**

Superintendent’s Copy of latest License is: Attached \_\_\_\_\_\_\_\_ Not on file \_\_\_\_\_\_\_\_ Given to Employee \_\_\_\_\_\_\_

Copy of Renewal Credits for Current cycle is: Attached \_\_\_\_\_\_\_\_ Not on file \_\_\_\_\_\_\_ Given to Employee \_\_\_\_\_\_\_

Was Career Status granted with your school system? No \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was Employee a Beginning Teacher? No \_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_ Year 1 \_\_\_\_\_\_\_\_ 2\_\_\_\_\_\_\_\_ 3\_\_\_\_\_\_\_\_

**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\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_**
* Was this person eligible to receive State Longevity pay: No \_\_\_\_ Yes \_\_\_\_ Date of Last Payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Please send a copy of the individual’s longevity form.)**

**Above information was completed and provided by: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School System:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**