



# Lassen Community College District

## Verification of Experience

### Applicant Information

Applicant Name: \_\_\_\_\_  
*Last* *First* *M.I.*

### Previous Employment

Name of person completing form: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Company/Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City* *State* *ZIP Code*

What was your relationship with the applicant? \_\_\_\_\_

Please list applicant's dates of employment.

<b>START DATE:</b> _____ Month/Day/Year	<b>END DATE:</b> _____ Month/Day/Year
--------------------------------------------	------------------------------------------

**PLEASE SELECT ONE:**

- Employment status:  Full-time 100%  Half-time 50%
- Other (please state percentage of full time, or average hours worked per week) \_\_\_\_\_
- Adjunct (Please state total adjunct faculty hours worked at the institution, otherwise leave blank.) \_\_\_\_\_

What was the applicant's job title? \_\_\_\_\_

What were the applicant's job duties?

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_