



MOSES LAKE SCHOOL DISTRICT

920 WEST IVY AVENUE | MOSES LAKE, WA 98837 | P: (509) 766-2650 | F: (509) 766-2678

VERIFICATION OF PROFESSIONAL EMPLOYMENT

Date: _____

To: _____

Superintendent Or Designee

School District or Institution

Address

City/State/Zip

Please return to: **Moses Lake School District #161**
 Personnel
 920 W. Ivy Avenue
 Moses Lake, WA 98837

The following individual is employed by the Moses Lake School District and has reported previous professional employment with your district. Please complete the information requested on the reverse side of this form. Thank you for your assistance in establishing an accurate service record for this employee.

PERSONAL DATA (to be completed by employee)

Last Name	First	M.I.	Social Security Number
Other Name(s) Used During Employment in this District			Birth Date
Street Address	City	State Zip	
Approximate Dates of Employment	Position(s)	School/Department	

Present Salary Schedule Placement _____

I authorize the release of all information requested in the **Verification of Employment** to the Moses Lake School District 161.

Employee Signature

Date

Employee Name

Soc. Sec. #

