



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.

START DATE: _____ END DATE: _____
Month/Day/Year 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: _____

Office of Human Resources P.O. Box 3000 Susanville, CA 96130
Voice (530) 251-8811 Fax (530) 251-8818