



APS Employment Verification Form

TO BE COMPLETED BY PREVIOUS EMPLOYER AND SENT DIRECTLY TO THE ALBUQUERQUE PUBLIC SCHOOLS

ATTN: _____ ([EDC Specialist assigned to your APS work location](#))

APS HUMAN RESOURCES DEPARTMENT
PO BOX 25704
ALBUQUERQUE, NM 87125

SECTION A: TO BE COMPLETED BY EMPLOYEE

This is to certify that following employee was employed at the school system or agency defined below:

Last Name	
First Name	
Maiden/Previous Last Name (if applicable)	
Last four digits of Social Security Number	XXX-XX-
APS Employee #	

SECTION B: TO BE COMPLETED BY PREVIOUS EMPLOYER (Please use a separate line for each school year)

School District/Employer:	
Address:	
City:	
State:	
Zip:	
Work Phone:	
This institution is accredited by:	

The employee listed above was employed at the school system/agency for the period(s) stated below.

POSITION TITLE	FROM: Month/Year (ex. 08/2003)	TO: Month/Year (ex. 08/2004)	Number of days worked per year	Number of hours per day	Total hours per year (days per year X hours per day)	Indicate status: FT/PT/SUB*

*FT = Full-time; PT= Part-time; SUB = Substitute

By signing this form you certify that the employee listed above was employed at the school system/agency for the period(s) stated above. This affidavit is to be signed by an employing official who knows of the services of the applicant and **NOT** by the applicant.

Name of Verifying Employer	Verifying Employer's Signature	Date	Phone Number