

Gaston County Schools
SUBSTITUTE TEACHERS
Verification of Daycare Experience

Name _____
First Middle Last

Social Security Number (Last four digits) _____

Name of licensed daycare _____

Address _____

Phone number _____

WORK EXPERIENCE

(To be completed by employer)

Beginning date of employment
(month, day, year) _____

Ending date of employment
(month, day, year) _____

Total hours worked per week _____

Position Title _____

TO BE EVALUATED, A BRIEF JOB DESCRIPTION FROM THE EMPLOYER MUST BE ATTACHED.

I certify that this verification is complete and correct according to the official records of this business.

Signature of Personnel Administrator

Date

Title

Telephone Number