



EDUCATION AND EXPERIENCE VERIFICATION TEAMS and USPS Employees

Please contact your Central Employment recruiter before making an offer of employment. While departments are required to ensure a candidate meets the minimum experience requirement for this position by verifying dates of employment and conducting reference checks, Central Employment will assist with education verification. Please forward this completed form to your Central Employment recruiter.

Employee's Name: _____

Position Title: _____

EDUCATION VERIFICATION

Highest degree earned:

High school diploma/GED AA/AS BA/BS MA/MS EdS/PhD/JD/MD **or** Credit hours earned: _____

Institution: _____ Graduation date: _____ **or** Dates enrolled: _____ to _____

Major coursework: _____

Verified with: _____ Phone #: _____
(Name and Title)

Name of person conducting this check: _____ Date: _____

EXPERIENCE VERIFICATION

Name of Employer: _____ Phone #: _____

Employed from: _____ to: _____ Hours worked per week: _____

Job Title: _____ Reason for leaving: _____

Job Duties:

Evaluative Comments:

Eligible for Rehire? Yes No

Verified with: _____
(Name and Title)

Name of person conducting this check: _____ Date: _____

Attach a copy of this completed form to the new employee's payroll forms and forward to your recruiter in Recruitment and Hiring, P.O. Box 115002. If you have questions regarding this process, please call (352) 392-4621, SC 622-4621.

Employee's Name: _____

EXPERIENCE VERIFICATION (continued)

Name of Employer: _____ Phone #: _____

Employed from: _____ to: _____ Hours worked per week: _____

Job Title: _____ Reason for leaving: _____

Job Duties:

Evaluative Comments:

Eligible for Rehire? Yes No

Verified with: _____
(Name and Title)

Name of person conducting this check: _____ Date: _____

Name of Employer: _____ Phone #: _____

Employed from: _____ to: _____ Hours worked per week: _____

Job Title: _____ Reason for leaving: _____

Job Duties:

Evaluative Comments:

Eligible for Rehire? Yes No

Verified with: _____
(Name and Title)

Name of person conducting this check: _____ Date: _____