



**Yosemite Community College District**  
**Human Resources**

**VERIFICATION OF EXPERIENCE – VOCATIONAL (NON – TEACHING)**

To be completed by HR or equivalent of Former Employer.		<b>FROM:</b>  Human Resources Yosemite Community College District PO Box 4065 Modesto, CA 95352 Phone: (209) 575-6968 Fax: (209) 575-6969
Former Employer:		
Address:		
Fax#:	PH#:	

Please provide YCCCD with verification of vocational experience for the employee listed below. You may copy this form if additional space is needed. Contact YCCCD Human Resources at (209) 575-6968 if you have any questions.

**The employee's signature below authorizes you to provide this information.**

_____		*** **
Employee Name (Printed)	Last Four Numbers of Social Security	
_____		_____
Employee Signature	Date	

**Please supply the following information:**

Position Title	Start Date	End Date	Paid	Were the position(s) Full Time or Part Time:	
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		

<b>If PART Time:</b>	
Hours Worked Per Week: _____	Hours Equivalent to FULL Time: _____

**If position(s) were an unpaid position, please explain:**

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**I certify that, to the best of my knowledge, the above information is true and correct:**

Prepared By (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Contact Number: \_\_\_\_\_