CERTIFICATION OF PRIOR WORK EXPERIENCE

FOR NEW HIRES OR APPEALS (1/15-2/15)

(Returning this completed form to the Administration Building is the employee's responsibility.)

Please send one of these forms to each of your previous employers in which you performed job responsibilities **comparable or pertinent to your current position**. If previous employment is found to be directly related the employee will receive one year credit for every two years of experience outside of BCSC. Experience will be applied once form is turned in to HR and pay rate will be changed on the payroll following this update. This form may be emailed, faxed or delivered by hand to HR.

mployee Name - BCSC Position - Location			Social Security #		
Address	Ci	City		State Zip	
se list each position or relevan	t work experience separately.				
Employer	Employers Address and Phone number	Position Held	Beginning and Ending Date	Full Time or Part Tir If part time, number of days per ye and hours per week	
	ı	1		1	
Past Employer's Signature (for each position held) / Title				Date	
2019				7-3	