

PRINT NAME _____

Candidate Identification Number: _ _ _ _ _

**SYSTEMS SOFTWARE SPECIALIST SERIES
VERIFICATION INFORMATION FORMS**

Write your name and identification number on all pages of this form. Please describe your previous work experience, coursework, and/or training that can be used to verify your responses to the Training and Experience Questionnaire.

In Section 1, you will be asked to provide work experience information. Begin with your most recent work experience and work backwards. The work experience can be paid or volunteer. You must provide information for all previous work experience referenced in your responses to the Training and Experience Questionnaire.

In Section 2, you will be asked to provide coursework and/or training information. Begin with your most recent coursework and/or training and work backwards. You must provide information for all coursework and/or training referenced in your responses to the Training and Experience Questionnaire.

If you receive a contingent job offer, the information you provide will be verified for accuracy. You will be contacted prior to any such verification. Failure to provide accurate information could result in withdrawal of your contingent job offer and/or removal of your name from the eligible list.

Section 1: Work Experience

Job #1

Employer name: _____

Employer Address: _____

Employer Telephone number: _____

Contact person: _____

Your Position Title: _____

Dates of Employment: _____

Job #2

Employer name: _____

Employer Address: _____

Employer Telephone number: _____

Contact Person: _____

Your Position Title: _____

Dates of Employment: _____

PRINT NAME _____

Candidate Identification Number: _ _ _ _ _

Job #3

Employer name: _____

Employer Address: _____

Employer Telephone number: _____

Contact Person: _____

Your Position Title: _____

Dates of Employment: _____

You may have up to 10 entries of this type. You may add additional pages.

Section 2: Coursework or Training

Coursework or Training #1

Institution or Training Provider: _____

Telephone Number of Institution or Training Provider: _____

Course Title or Degree Program: _____

Date Course or Degree was completed: _____

Coursework or Training #2

Institution or Training Provider: _____

Telephone Number of Institution or Training Provider: _____

Course Title or Degree Program: _____

Date Course or Degree was completed: _____

Coursework or Training #3

Institution or Training Provider: _____

Telephone Number of Institution or Training Provider: _____

Course Title or Degree Program: _____

Date Course or Degree was completed: _____

Coursework or Training #4

Institution or Training Provider: _____

Telephone Number of Institution or Training Provider: _____

Course Title or Degree Program: _____

Date Course or Degree was completed: _____