



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
DIVISION OF HUMAN RESOURCES

Verification of Self-Employment

This form is only intended for use by applicants that are currently, or have been, self-employed during the last five years. Complete this form and return to Division of Human Resources, 3300 Forest Hill Blvd., A-132, West Palm Beach, FL 33406 Tel. 561-434-8430 Fax: 561-434-8561

Name _____ Applicant ID _____ Date _____

This letter is to inform you that I was self-employed as:

Business Name _____

From _____ To _____

During my self-employment period my customers or suppliers were:

	Name	Address (#, Street, City, State, Zip)	Phone	E-Mail
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Each individual listed above must complete an Employment Reference (PBSD 0606).

STATE OF FLORIDA (PALM BEACH COUNTY)

Sworn to and subscribed before me this _____ day of _____, 20____, by

_____ who is personally known to me/has produced D/L #

_____ as identification, and who did/did not take an oath.

Notary Public

(SEAL)

Applicant Signature _____

Notary Signature _____

My Commission Expires _____