

# AIMS K-12 College Prep Charter District

171 12th Street | Oakland CA, 94607



## Verification of Previous Work Experience

\*The Verification of Previous Work Experience (VOE), can be submitted to previous employers to assist with years of service for salary placement. As indicated on the form, each section of the VOE must be completed and signed by the previous District/Organization. An Authorized Official is required to sign, date, and provide contact information.

### Employee Section

Employee Name:	<u>Andrew B. Johnson</u>	Employee Social Security Number:	<u>410-04-3193</u>
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### Employer Section

Hire Date:	<u>08/12/2007</u>	Termination Date:	<u>05/19/2017</u>
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Job Title	Certificated Position?	School Year	FTE	Number of Days in School Year	Number of Days Employee Worked
Assoc Prof.	Y	2007			mid aug 2007 - mid may 2008
Assoc Prof.	Y	2008			mid aug 2008 - mid may 2009
Assoc Prof.	Y	2009			mid aug 2009 - mid may 2010
Assoc Prof.	Y	2010			mid aug 2010 - mid may 2011
Assoc Prof.	Y	2011			mid aug 2011 - mid may 2012

District/Organization:	<u>Missouri State University</u>		
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Address: 901 S National Ave Springfield MO 65897  
Street City State Zip Code

Contact Email: HREmployment@missouri-state.edu

Contact Phone Number: 417-836-5102

Authorized Official:

Brenna Bleu HR Coordinator Brenna Bleu 03/05/2024  
Print Name Job Title Signature Date

Please mail to the Compliance Department at the address listed above or email to [Aims.applicants@aimsk12.org](mailto:Aims.applicants@aimsk12.org)

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### Employee Section

Employee Name:	<u>Andrew B. Johnson</u>	Employee Social Security Number:	<u>410-04-3193</u>
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### Employer Section

Hire Date:	_____	Termination Date:	_____
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Job Title	Certificated Position?	School Year	FTE	Number of Days in School Year	Number of Days Employee Worked
Assoc Prof	Y	2012			Mid Aug 2012 - mid may 2013
Assoc Prof	Y	2013			mid Aug 2013 - mid may 2014
Assoc Prof	Y	2014			mid Aug 2014 - mid may 2015
Assoc Prof	Y	2015			mid Aug 2015 - mid may 2016
Assoc Prof	Y	2016			mid Aug 2016 - mid may 2017

District/Organization:	_____
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Address: \_\_\_\_\_  
Street City State Zip Code

Contact Email: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Authorized Official:

Print Name Job Title Signature Date

Please mail to the Compliance Department at the address listed above or email to [Aims.applicants@aimsk12.org](mailto:Aims.applicants@aimsk12.org)