EMPLOYMENT VERIFICATION FORM

For Structural Engineer Applicants

To the Applicant:

In accordance with the requirements of Board Rule 426.12, if you are claiming experience involving the checking of structural engineering plans and calculations, you must have one of these forms completed by your employer, who is a licensed structural engineer, for each period of employment, which you are claiming as qualifying experience.

This form may be photocopied for use as needed.

To the Employer:

Please complete the form on Page 2, verifying the applicant’s employment. All of the items of information must be supplied. FAILURE TO PROVIDE ANY OF THE REQUIRED INFORMATION MAY RESULT IN THE APPLICANT’S APPLICATION BEING REJECTED AS INCOMPLETE.

Since employment information must be accurate, you should have this form completed by your personnel officer/payroll clerk before you sign it and certify to the information.

When it is complete, please mail it to the Board in the envelope provided by the applicant.
EMPLOYMENT VERIFICATION FORM - SE Application

This portion of the form to be completed by the employer.

APPLICANT’S NAME: ____________________________________________

ADDRESS: ____________________________________________________

______________________________________________________________

WORK PHONE: ___________________________ HOME PHONE: __________

NAME OF FIRM (FOR WHICH EMPLOYMENT IS BEING VERIFIED):

______________________________________________________________

ADDRESS: ____________________________________________________

______________________________________________________________

THIS PORTION OF THE FORM TO BE COMPLETED BY EMPLOYER.

This certifies that to the best of my knowledge and as indicated in the records of this office, the above-named person worked for the above-named firm for the following periods:

<table>
<thead>
<tr>
<th>MO.</th>
<th>DAY</th>
<th>YR.</th>
<th>FULL TIME (40 hr/week)</th>
<th>PART TIME</th>
<th>PROFESSIONAL LEVEL</th>
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</thead>
<tbody>
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<td></td>
<td></td>
<td></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>From <em><strong><strong>/</strong></strong></em>/____</td>
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</tbody>
</table>

During his/her employment, the above-named applicant was under the direct supervision of:

Name of Supervisor: ____________________________________________

Position in firm at the time of applicant’s employment: ____________________________

Phone Number: ____________________________

Supervisor’s Registration/License No.: ____________________________

Branch or discipline in which supervisor is registered/licensed: ____________________________

Signature: ____________________________________________

Print Name: ____________________________________________

Position in Firm: ____________________________________________

Date: ____________________________________________