

<p>This statement must be prepared and signed by the <u>Employer</u> verifying your work experience. Please fill out the top portion and have your employers return the form to you. This form must be submitted along with your application for Class 4 licensure. One of these forms should be completed by each employer in order to verify at least 10,000 hours of work experience.</p>										
Employee Information:										
Last Name					First Name					MI
Address							City			
State				Zip Code				Former Name(s)		
<p>The following information is to be completed by the applicants former/current employer for verification of relevant experience in the endorsement area.</p>										
Name of Employer										
City/State										
Position(s) held during period of employment										
Type of Employment		<input type="radio"/> Full Time		<input type="radio"/> Part Time		If Part time, please indicate number of hours per week _____				
Period of Employment		From _____ / _____ / _____ Month Day Year				To _____ / _____ / _____ Month Day Year				
<p>Job Duties: Please describe in detail the duties required for the position held during the period of employment referenced above. Other supporting documents may be attached as needed. Please attach a position description if available.</p>										
Name and title of the person completing this form										
Signature										
Address										
City					State				Zip Code	
Date		Email Address						Phone Number		