

Proof Of Experience

INSTRUCTIONS: Type or print all information clearly. Complete this form to verify that an applicant has experience which makes him/her eligible for Lead Certification. This form **must** be completed and signed by a supervisor or employer, or by the applicant, if self-employed. Provide information for only **one** employer on this form.

1. Applicant Information:

Name: _____
Last First Middle Initial

2. Employer Information:

Company Name: _____

Address: _____
Street Address, Suite. No.
City State Zip

If applicant is **not** self-employed, give his/her Supervisor's name and phone number:

Supervisor Name: _____ Phone: (____) ____ - ____
First Last

If applicant **is** self-employed, give the names and phone numbers of 3 client references:

Client Name: _____ Phone: (____) ____ - ____
First Last

Client Name: _____ Phone: (____) ____ - ____
First Last

Client Name: _____ Phone: (____) ____ - ____
First Last

3. Experience Information:

Dates of employment: From: ____/____/____ To: ____/____/____
Month Day Year Month Day Year

In **detail**, describe the job activities the applicant did for this employer, that make him/her eligible for Lead-Related Construction certification. (This may include work such as lead, asbestos, environmental remediation, construction, design, occupational safety, etc.).

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