



BOARD FOR PROFESSIONAL ENGINEERS, LAND SURVEYORS, AND GEOLOGISTS

2535 Capitol Oaks Drive, Suite 300, Sacramento, CA 95833-2944

Telephone: (916) 999-3600 Toll Free: 1-866-780-5370

www.bpelsg.ca.gov



## 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 form to be completed by the applicant.

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:

MO. DAY YR.			MO. DAY YR.			FULL TIME (40 hr/week)	PART TIME	PROFESSIONAL LEVEL YES NO	
From	____/____/____		____/____/____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From	____/____/____		____/____/____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From	____/____/____		____/____/____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From	____/____/____		____/____/____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: \_\_\_\_\_