

REQUEST FOR VERIFICATION OF EMPLOYMENT

AFE Certified Plant Supervisor



CPS Objectives

- To identify and develop problem solving techniques and review the steps for fostering an environment of teamwork.
- To encourage the process for managing and mitigating conflict in the workplace.
- To stimulate the importance of planning and the practical ways to efficient time management and effective delegation.
- To enhance the basic principles of finance and inventory management, including the preparation of a budget.

Applicant's
Address:

To:

Date:

Dear _____:

I am applying to the Association for Facilities Engineering to become a Certified Plant Supervisor (CPS). In this regard, I authorize the release of the requested information enclosed which verifies my employment and duties from the period _____ to _____.

Please furnish the requested information as completely as possible, and return to the AFE Certification Board.

The receipt of replies will be reported by AFE, but under no circumstances will the information be divulged to me, or used for any purpose except to validate my application for Certified Plant Supervisor.

(Applicant's Signature)

AFE Association for
FACILITIES
ENGINEERING®

12801 Worldgate Drive, Suite 500
Herndon, VA 20170
Phone: (571) 203-7171 Fax: (571) 766-2142
E-Mail: certification@afe.org

To Be Completed By Applicant

Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip: _____

LETTER OF EMPLOYMENT VERIFICATION

To Be Completed By Employer

The following information verifies the employment and duties of the above applicant for AFE's Certified Plant Supervisor Program:

Employer

Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Employment Period

The above named applicant was (has been) employed by our company from _____ to _____. He / she has held the following positions:

Title: _____ Dates: _____
Title: _____ Dates: _____
Title: _____ Dates: _____

Job Function

Please describe in full the responsibilities of the applicant and identify those positions which were (are) classified as: (Attach descriptions if necessary to answer fully.)

To your knowledge, has action ever been taken against the applicant because of violations of the standards of professional practice, or to her rules and regulations of your firm? Yes No

If yes, please explain:

Affidavit

To the best of my knowledge and our employment records, I hereby attest that the above information is true and correct.

Name of person supplying information: _____
Official Title of Respondent: _____
Signature: _____ Date: _____

Return to: AFE Certification Board
12801 Worldgate Drive, Suite 500
Herndon, VA 20170

AFE Headquarters Use Only

Date received:
File Number