

REQUEST FOR VERIFICATION OF EMPLOYMENT

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 Maintenance Manager 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.)

Management Level Plant Maintenance Manager/Facilities Management Experience*

* Management Level Plant Maintenance Manager/Facilities Management Experience is defined as: *experience involving responsibility for supervisory activities, developing and implementing budgets, making personal decisions, approving designs and purchases, and managing the facilities operations.*

To your knowledge, has action ever been taken against the applicant because of violations of the standards of professional practice, or to the 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 Dr., Suite 500, Herndon, Virginia 20170
(571) 203-7171 | FAX (571) 766-2142 | www.AFE.org

AFE HEADQUARTERS USE ONLY: Date Received: _____ File Number: _____