

REQUEST FOR VERIFICATION OF EMPLOYMENT



AFE Certified Plant Maintenance Manager

Applicant's
Address:

To:

Date:

Dear _____:

I am applying to the Association for Facilities Engineering to become a Certified Plant Maintenance Manager (CPMM). 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 Maintenance Manager.

(Applicant's Signature)

CPMM Objectives

- To provide a standard of professional competence in the plant/facilities maintenance management field.
- To identify and recognize those individuals who, by passing an examination and fulfilling requirements of experience, responsibility and conduct, meet that standard.
- To encourage plant/facility maintenance professionals in a continuing program of professional development.
- To stimulate and provide a standard for the development of educational curricula and degree programs for plant/facility maintenance professionals.
- To enhance the status of plant/facilities maintenance management as a unique discipline and profession by demonstrating that a realistic standard of professional competence can be clearly defined.



12100 Sunset Hills Road, Suite 130
Reston, VA 20190
Phone: (703) 234-4066
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 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.)

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
12100 Sunset Hills Road, Suite 130
Reston, VA 20190

**AFE Headquarters
Use Only**

Date received:
File Number