MAINE STATE BOARD FOR LICENSURE OF ARCHITECTS LANDSCAPE ARCHITECTS AND INTERIOR DESIGNERS

VERIFICATION OF EMPLOYMENT FORM

NAME OF APPLICANT_____

ADDRESS_____

IS/WAS EMPLOYED BY _____

DATES FOR EMPLOYMENT:

FROM _____TO_____ FULL TIME_____PART TIME _____

POSITION_____

AREA OF EXPERIENCE:

DESIGN_____
WORKING DRAWINGS_____
SPECIFICATIONS_____
OTHER_____

PROFESSIONAL ADMIN_____
BUILDING-ENGINEERING_____
TEACHING OR RESEARCH_____

SIGNATURE_____ DATE_____

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TO BE FILLED OUT BY EMPLOYER

DATES OF EMPLOYMENT ARE CORRECT _____ AREA OF EXPERIENCE IS CORRECT _____

PLEASE INDICATE YOUR OPINION OF THE APPLICANT'S POTENTIAL TO PRACTICE ARCHITECTURE/LANDSCAPE ARCHITECTURE BY PLACING AN "X" IN THE APPROPRIATE SPACE BELOW:

PRACTICAL EXPERIENCE:
EXCELLENT_____SATISFACTORY_____UNSATISFACTORY_____
COMMENTS:_____

_____

PROFESSIONAL COMPETENCE:
EXCELLENT_____SATISFACTORY_____UNSATISFACTORY_____
COMMENTS:_____

_____

_____

FIRM NAME_____POSITION IN FIRM_____

SIGNATURE_____ DATE_____

NAME PRINTED_____

MAINE STATE BOARD FOR LICENSURE OF ARCHITECTS LANDSCAPE ARCHITECTS AND INTERIOR DESIGNERS

PLEASE MAIL THE COMPLETED FORM TO: MAINE BOARD FOR LICENSURE OF ARCHITECTS LANDSCAPE ARCHITECTS & INTERIOR DESIGNERS, 35 STATE HOUSE STATION, AUGUSTA, ME 04333