GEORGIA STATE BOARD OF REGISTRATION FOR PROFESSSIONAL GEOLOGISTS

EMPLOYMENT VERIFICATION

1) Applicant's Name: _____

   Applicant's Address: _____
   Street or PO Box City State Zip

   Applicant's Daytime Phone No.: _____

2) Firm Name: _____

   Firm Address: _____

   Business Phone Number: _____

3) Immediate Supervisor: _____

   License # _____ State _____ Type of License _____

4) Job Title of Applicant: _____

5) Full description of the kind of work performed by applicant. If more space is needed, include additional pages, and have each page signed by supervisor.

   _____

   _____

   _____

   _____

   _____

   _____

   _____

6) Principal Business of Firm: _____

7) Total Years Worked_____ Average Hours Worked Per Week_____ Full Time _____ Part Time _____

8) Date of Employment: From _____ To _____
   Month/Day/Year Month/Day/Year

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EMPLOYMENT VERIFICATION

I hereby solemnly swear under penalties of perjury that all the statements made by me (and the pages attached) are true and correct.

Signature of Applicant: _____

Date: _____

I hereby certify that the information furnished by the Applicant in the above certification is accurate.

Name of Supervisor (Please print or type): _____

Signature of Supervisor (As identified in Item #3): _____

Date: _____

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____, _____

_____

Notary Public

My Commission Expires: _____

Georgia requires a legible ink seal for notarized documents.
If an embossed seal is used a foil overlay or shading should be applied to make the seal legible when digitized.

If Supervisor wishes to make additional comments regarding the applicant's work performance, these should be emailed separately directly to the Board Office at PLB-Trades1@sos.ga.gov.