

ATTACHMENT "A" VERIFICATION OF EMPLOYMENT

(Applicant should duplicate this form for each individual employer.)

SECTION 1: TO BE COMPLETED BY APPLICANT

Complete your information and forward to your employers (Past and Present).

BLACK INK ONLY

Applicant's Name:	Last: <input style="width: 90%;" type="text"/>	First: <input style="width: 90%;" type="text"/>	
	Maiden Name (If applicable): <input style="width: 95%;" type="text"/>		
Applicant's Address:	Street: <input style="width: 95%;" type="text"/>		
	City: <input style="width: 30%;" type="text"/>	State: <input style="width: 15%;" type="text"/>	Zip: <input style="width: 20%;" type="text"/>
Applicant's Social Security #:	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

SECTION 2: TO BE COMPLETED BY EMPLOYER

- 1) Please provide **all** of the following required information.
- 2) Mail the completed form (Section 1 and Section 2) **directly to the Board** at the following address, in a sealed envelope:

State Board of Landscape Architects
P. O. Box 2649
Harrisburg, PA 17105-2649

DO NOT SEND TO APPLICANT

BLACK INK ONLY

Name of Employer:	<input style="width: 95%;" type="text"/>		
Address of Employer:	Street: <input style="width: 95%;" type="text"/>		
	City: <input style="width: 30%;" type="text"/>	State: <input style="width: 15%;" type="text"/>	Zip Code: <input style="width: 20%;" type="text"/>
Employment Dates: MM/YYYY	Start Date: <input style="width: 200px; height: 25px;" type="text"/>	End Date: <input style="width: 200px; height: 25px;" type="text"/>	
Please check one:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time - If so, Please clarify: <input style="width: 400px; height: 30px;" type="text"/>		
Was the applicant's experience obtained under your direct supervision as a Landscape Architect? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Landscape Architect's Name:	Licensing State and License Number:		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		
If NO, was the applicant's work product reviewed by a registered landscape architect every 6 months for 2 consecutive years? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Landscape Architect's Name:	Licensing State and License Number:		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		

SECTION 2 (CON'T): TO BE COMPLETED BY EMPLOYER

BLACK INK ONLY

Name of Applicant:

Specific Duties Performed:

I verify that the applicant performed the duties as listed above and I understand that any false statements made are subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsifications to authorities).

Print/Type Name: **Title:**

Signature: **Date:**