PROFESSIONAL ENGINEER EMPLOYMENT VERIFICATION

PLEASE TYPE OR PRINT LEGIBLY AND RETURN TO THE APPLICANT

INSTRUCTIONS

APPLICANT: Complete items 1-5 and 15, then forward this form to all individuals verifying your employment. This individual must have first-hand knowledge of your engineering experiences. This form should be completed by the individuals listed as your direct supervisor on your application form. Associates and clients may verify experience obtained through self-employment.

EMPLOYER: Complete items 6-14 and 16. Enclose the form in a sealed envelope with your signature across the sealed flap. Return it to the applicant for inclusion in their application package. Your prompt response is appreciated.

The following individual is applying to the West Virginia State Board of Registration for Professional Engineers as a Professional Engineer, and your name has been given as a previous/current supervisor. This process depends, among other considerations, on the verification of the extent and quality of his/her practical training and experience. We therefore request your assistance, as an employer, supervisor, or client, in filling out this form with sincere and conscientious consideration of the need for accurate data and for an objective appraisal of the applicant’s ability and potential to practice engineering. Any information you provide the Board is confidential and is not discoverable through the Freedom of Information Act. Your assistance in helping the Board make that determination is appreciated!

Your careful consideration of the questions below will be most helpful to the Board in performing our legal obligations.

1. Applicant’s Name
   First                                                       Middle                                                 Last                                                       (Sr., Jr., III)
2. Social Security Number (last four digits only) ____________
3. Mailing Address
   Address                                                                          City                                            County                         State            Zip
4. Current or Former Employer
   Completing Form
   __________________________________________________________ Phone: ( ) -
5. Employer’s Mailing Address
   Address                                                       City                                            County                         State            Zip
6. Verifier’s Name
   Verifier’s Email
   First                                                       Middle                   Last                                  (Sr., Jr., III)
7. Mailing Address
   Address                                                                          City                                            County                         State            Zip
8. Are you a licensed professional engineer? □ No □ Yes If Yes, State: _____ License Number: __________
9. What is your business relationship to the applicant? ____________________________________________
10. How many years have you known the applicant? ________________________________________________
11. How would you rate the applicant’s ability: □ Outstanding □ Average □ Needs Improvement
12. Did you have review and approval authority over the applicant’s work? □ No □ Yes
13. In your opinion, were the tasks performed proficiently, accurately and in a manner to protect the life, health, property and safety of the public? □ No □ Yes
   If No, please explain: ________________________________________________________________

West Virginia State Board of Registration for Professional Engineers
300 Capitol Street, Suite 910, Charleston, WV 25301

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Revised 11-5-2013
14. Keeping in mind the West Virginia Code charges the Board to protect the public, do you recommend that the Board license and register the applicant as a Registered Professional Engineer?  
   [ ] No  [ ] Yes

15. Job Description - TO BE COMPLETED BY THE APPLICANT

In the box below, provide a detailed description of the type of engineering work or projects performed. (Please note the box expands as you type allowing you the necessary space to provide details of the employment engagement). Indicate whether you had full or partial responsibility for the work and the complexity of the work. The information provided must demonstrate your engineering experience gained with this employer. If the employment engagement lacks the necessary detail, such will result in a delay of your application being processed.

Title of Position: 
Dates of Employment: __________/________ to __________/________  [ ] Full Time  [ ] Part Time (less than 35 hrs/wk)

Before replying to this request, you should be cognizant of the scope of the “Practice of Professional Engineering” and the definitions of a “Professional Engineer” and “Responsible Charge” as defined by West Virginia Code Chapter 30, Article 13.

In particular, “Responsible Charge” means direct control and personal supervision of engineering work.

<table>
<thead>
<tr>
<th>Total Time in “Responsible Charge” with this Employer =</th>
<th>(years)</th>
<th>(months)</th>
</tr>
</thead>
</table>

SPECIFIC DETAILS OF EMPLOYMENT ENGAGEMENT
Box will expand to accommodate specific details of the employment engagement. Use additional sheets as necessary.

Applicant’s Signature: _______________________________ Date: __/__/20

16. EMPLOYER VERIFICATION - TO BE COMPLETED BY THE EMPLOYER / SUPERVISOR

To the best of your knowledge, did the applicant correctly describe his/her experience in #15 above?  [ ] Yes  [ ] No

If No, please explain:

__________________________________________________________
Attach an additional sheet providing clarification of the work performed if necessary.

Signature of Verifier: _______________________________ Date: __/__/20

Phone Number of Verifier: _______________________________

If you are a registered Professional Engineer, please apply your seal.