

VERIFICATION OF EMPLOYMENT

SECTION 1: TO BE COMPLETED BY APPLICANT

Complete your information and forward to your employer(s) verifying the required work experience.

Applicant's Name:	Last: _____ First: _____
	Maiden Name (If applicable): _____
Applicant's Address:	Street: _____
	City: _____ State: _____ Zip: _____

SECTION 2: TO BE COMPLETED BY EMPLOYER

- 1) Please provide **all** the following required information.
- 2) Return the completed form **DIRECTLY TO THE BOARD** by email.

Email Address: st-landscape@pa.gov

DO NOT RETURN TO APPLICANT

Name of Employer:	_____		
Address of Employer:	Street: _____		
	City: _____	State: _____	Zip Code: _____
Employment Dates: MM/YYYY	Start Date: _____	End Date: _____	
Please check one:	_____		
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time - If so,	Please clarify: _____	
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:	
_____		_____	
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:	
_____		_____	

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

Name of Applicant:

Provide 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:**

Email Address: _____