WORK EXPERIENCE

This section must be completed fire marshal, or building code administrator, who has personal knowledge of the applicant's experience for the period of time listed below.

Instructions:

Provide employment verification for the years of experience required for qualification for entrance in the BOAF Cross Training Program. Attach additional copies of this page as necessary.

Applicant Name:		
Employing Agency/Company Name:		
Agency/Company Address:		
Dates of employment by Agency/Company	Date (From) / /	Date (To) / /
Agency/Company Phone Number:		
Position of Applicant:		
Describe in detail the applicant's duties, including hands-on, supervisory or management responsibilities. Please be specific when explaining the applicant's duties and hands-on experience.		

I attest that the applicant named above has been employed by the agency/company in a: (**Check One)**

❑supervisory ❑managerial ❑trade position for_____years

Print name of fire marshal, or building code administrator

verifying employment and experience: _____

License Number of person verifying employment and experience: _____

Signature of person verifying employment and experience:_____

Date:_____