



EMPLOYER AFFIDAVIT OF EMPLOYMENT
PRINT IN BLOCK LETTERS

NCEA CANDIDATE APPLICANT NAME:	
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I, _____, verify that the above named NCEA Certification Candidate has/had been employed at the company named below as a full-time skin care professional between the dates of:

Beginning Date: ____/____/____ Ending Date: ____/____/____ for a total of: _____ YEARS.

**If self-employed, use CANDIDATE AFFIDAVIT OF EMPLOYMENT FOR SELF EMPLOYED*
Use a separate form for each employer.

** For NCEA purposes, the definition of "full-time" is based on a 30-hour week.*

Employer Information

Company Name:	
Address:	
City, State, Zip:	
Business Phone:	
Direct Email Address:	
Company Website:	

NAME: _____
Print

TITLE: _____

SIGNATURE: _____

DATE: _____

IMPORTANT:
EMPLOYER AFFIDAVIT OF EMPLOYMENT must be notarized.