

EMPLOYMENT VERIFICATION FORM

Complete the top portion of this form and provide a copy to employers for whom you have worked for the past three years. Request that they complete the form and return it to you. Keep the original in your files.

Last Name, First Name, Initial

AMT ID#

Address

City, State, Zip, Country

Email

Daytime Phone Number

Please check certification for which this form is submitted (check **only one** per form):

☐ MT ☐ MLT ☐ COLT ☐ RPT ☐ RMA ☐ CMAS ☐ RDA ☐ CLC ☐ AHI ☐ AML

This section to be completed by employer:

Dear Employer: The individual above is attempting to verify satisfactory employment while he/she has been under your supervision. This form will help the above individual meet certification continuation requirements. Please return this form to the individual when you have completed it. Thank you.

Institution: _____

Address: _____

City, State, Zip, Country: _____

Employer Phone: _____ Email: _____

Dates of Employment: From (start date): _____ Through (end date): _____

Position, title, or job function during employment: _____

Employment status: _____ Full-time _____ Part-time

Employer's Attestation:

Through the provision of my signature below, I hereby verify that the above-named individual was employed at this place of employment for the time duration indicated. I further attest that during the course of employment, this individual's performance was satisfactory or competent, according to the work requirements and standards of this institution.

Name: _____ Signature: _____

Title: _____ Date: _____