



## Employment Verification

One of the requirements for Associate or Professional membership in APLD is proof of design experience. If you are receiving this form, a member applicant is requesting you verify they have relevant design experience at your place of business. **Please complete the following information and return it directly to APLD at the contact information below.**

**Please print.**

Applicant Name: \_\_\_\_\_

I, \_\_\_\_\_, verify that the above named APLD Applicant has/had been  
(employer/supervisor name - please print)

employed at the company named below during the following dates:

Date Employment Began: \_\_\_\_\_ Date Employment Ended: \_\_\_\_\_

Employee Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Employer Information

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Company Website: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_