

8. Education Level: check the appropriate box below

 I understand that all work experience and education documented on this application will be verified by AWS
(initials) prior to exam confirmation.

<input type="checkbox"/> Did not complete the 8th grade <ul style="list-style-type: none"> • CWI applicants must document twelve (12) years of work experience in the Section below. • CAWI applicants must document six (6) years of work experience in the Qualifying Work Experience Section below.
<input type="checkbox"/> Did not graduate high school, but completed the 8th grade <ul style="list-style-type: none"> • CWI applicants must document nine (9) years of work experience in the Qualifying Work Experience Section below. • CAWI applicants must document four (4) years of work experience in the Qualifying Work Experience Section below.
<input type="checkbox"/> High school graduate (must attach proof of graduation) <ul style="list-style-type: none"> • SCWI applicants must document fifteen (15) years of work experience, and must have been certified as a CWI during 6 years or more. • CWI applicants must document five (5) years of work experience in the Qualifying Work Experience Section below. • CAWI applicants must document two (2) years of work experience in the Qualifying Work Experience Section below.

9. Additional Education

<input type="checkbox"/> VoTech Credits MUST attach transcripts of welding related courses or diploma	Check No. of years attended 0 1 2 3 4 5 6	Maximum one (1) year work substitution credit <i>only</i> if courses completed and <i>within</i> a curriculum related to welding. (Must attach proof of graduation or transcripts)
<input type="checkbox"/> University Credits MUST attach transcripts of engineering-level courses or diploma	Check No. of years attended 0 1 2 3 4 5 6	Maximum two (2) years work substitution credit <i>only</i> if the degree is in engineering technology, engineering, or physical science (Must attach proof of graduation or transcripts)

10. Qualifying Work Experience: résumé/CV's are not accepted

PLEASE DUPLICATE THIS SECTION FOR EACH ADDITIONAL EMPLOYER IN ORDER TO MEET THE QUALIFYING WORK EXPERIENCE REQUIREMENTS

Company Name	Type of Business	Company Phone Number	
Company Street Address		City, State, Country, Postal Code	
Supervisor's Name		Title of Immediate Supervisor	
Supervisor's Email Address		Department	
Applicant's Job Title	Employed From:	To:	
	(Mo.) (Yr.)	(Mo.)	(Yr.)
Job Responsibilities- Detailed Description Required*			

Company Name	Type of Business	Company Phone Number	
Company Street Address		City, State, Country, Postal Code	
Supervisor's Name		Title of Immediate Supervisor	
Supervisor's Email Address		Department	
Applicant's Job Title	Employed From:	To:	
	(Mo.) (Yr.)	(Mo.)	(Yr.)
Job Responsibilities- Detailed Description Required*			

Name _____

AWS Member # _____

Company Name		Type of Business	Company Phone Number	
Company Street Address		City, State, Country, Postal Code		
Supervisor's Name		Title of Immediate Supervisor		
Supervisor's Email Address		Department		
Applicant's Job Title		Employed From:	To:	
		(Mo.) (Yr.)	(Mo.) (Yr.)	
Job Responsibilities- Detailed Description Required*				

Company Name		Type of Business	Company Phone Number	
Company Street Address		City, State, Country, Postal Code		
Supervisor's Name		Title of Immediate Supervisor		
Supervisor's Email Address		Department		
Applicant's Job Title		Employed From:	To:	
		(Mo.) (Yr.)	(Mo.) (Yr.)	
Job Responsibilities- Detailed Description Required*				

11. Employment Verification (THIS SECTION MUST BE COMPLETED BY A SUPERVISOR OR PERSONNEL MANAGER FROM THE MOST RECENT EMPLOYER)

ATTACH A LETTER FROM YOUR MOST RECENT EMPLOYER ON COMPANY LETTERHEAD CERTIFYING YOUR TIME EMPLOYED, FUNCTIONS, AND JOB TITLE HELD. IF CURRENTLY SELF-EMPLOYED OR A CONTRACT APPLICANT YOU MUST SUBSTITUTE THIS SECTION WITH A LETTER OF REFERENCE ON COMPANY LETTERHEAD FROM TWO (2) SEPARATE CLIENTS ATTESTING TO THE NATURE OF WORK ASSIGNMENTS DURING THE PERIOD OF PERFORMANCE, TYPE OF WORK DONE AND LENGTH OF TIME AS A CLIENT.

Company Name: _____ Company Phone: _____

Company Address: _____

City, State: _____ Postal Code: _____ Country: _____

I _____, verify that _____ maintained employment at
Supervisor/Personnel Manager's Name Employee's Name (print)

_____ from _____ to _____
Company Name Date dd/ mm/yyyy Date dd/ mm/yyyy or Present

Signature: _____
Supervisor/Personnel Manager's Signature

Date: _____
dd/mm/yyyy

