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# EMPLOYER STATEMENT FORM

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STATE BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS  
3101 INDUSTRIAL DRIVE, SUITE 206, RALEIGH, NC 27609

TO APPLICANT: THIS IS TO BE COMPLETED BY YOUR PRESENT OR PAST EMPLOYER. ONCE THIS DOCUMENT IS COMPLETED, SIGNED, AND NOTARIZED, IT MUST BE SUBMITTED IN ORIGINAL FORM WITH YOUR APPLICATION.

NOTE: ALTERED FORMS WILL NOT BE ACCEPTED.

TO EMPLOYER: RE: EXPERIENCE AND CHARACTER VERIFICATION

NOTICE: *In order to maintain the high standards of the electrical contracting trade, it is imperative that extreme care be exercised in verifying an applicant's experience.* Please refer to Board's Rule .0202 for further information (see next page). The Board reserves the right to review all employment records in making a final determination of an applicant's experience.

This is to certify that \_\_\_\_\_ is/was employed by this firm in the following capacity or capacities (verify experience only in the electrical or applicable special restricted field for which the applicant is requesting to be examined and specify the respective field): Employer representative must enter total hours worked and capacity or capacities worked.

- a) **SECONDARY EXPERIENCE: (Example Apprentice or helper)** in the electrical or special restricted field: ENTER DATES OF EMPLOYMENT, CAPACITY AND TOTAL HOURS WORKED IN THAT CAPACITY:

BEGIN DATE OF EMPLOYMENT: \_\_\_\_\_ END DATE OF EMPLOYMENT \_\_\_\_\_

CAPACITY: \_\_\_\_\_ TOTAL HOURS WORKED \_\_\_\_\_

- b) **PRIMARY EXPERIENCE: (Example Journeyman or Mechanic)** in the electrical or special restricted field: ENTER DATES OF EMPLOYMENT, CAPACITY AND TOTAL HOURS WORKED IN THAT CAPACITY:

BEGIN DATE OF EMPLOYMENT: \_\_\_\_\_ END DATE OF EMPLOYMENT \_\_\_\_\_

CAPACITY: \_\_\_\_\_ TOTAL HOURS WORKED \_\_\_\_\_

- c) **OTHER CAPACITY:** ENTER DATES OF EMPLOYMENT, JOB DESCRIPTION (ATTACH COMPANY OR JOB DESCRIPTION IF AVAILABLE) AND TOTAL HOURS WORKED IN THAT JOB:

BEGIN DATE OF EMPLOYMENT: \_\_\_\_\_ END DATE OF EMPLOYMENT \_\_\_\_\_

CAPACITY: \_\_\_\_\_ TOTAL HOURS WORKED \_\_\_\_\_

Please check one of the following that best describes this applicant's character:     GOOD     NOT GOOD     NO OPINION

Other comments: \_\_\_\_\_

EMPLOYER \_\_\_\_\_

SIGNATURE OF EMPLOYER REPRESENTATIVE

ADDRESS \_\_\_\_\_

PRINTED NAME OF EMPLOYER REPRESENTATIVE

Title

DATE \_\_\_\_\_ PHONE \_\_\_\_\_

AREA CODE

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

I, a notary public of the county and state aforesaid, certify that the *employer representative* whose signature appears above personally appeared before me this day and signed the foregoing document.

Witness my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public

My commission expires \_\_\_\_\_.

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(FOR BOARD USE ONLY)

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ EMPL REP \_\_\_\_\_

