

OREGON STATE BOARD OF GEOLOGIST EXAMINERS
EMPLOYMENT VERIFICATION FORM (Page 1 of 2)

TO: _____
Supervisor

FROM: _____
Applicant

ADDRESS: _____

ADDRESS: _____

PHONE NUMBER: _____

PHONE NUMBER: _____

I _____ am applying to the Oregon State Board of Geologist Examiners for examination or registration.

Registered Geologist

Please verify my employment and supervision so the Board may evaluate my eligibility for examination or registration. Return this completed VERIFICATION OF EMPLOYMENT form to me *in a sealed envelope* at my address listed above. I will return the verification form, unopened, to the Board of Geologist Examiners as part of my application packet. Your prompt return of this form will assist me in meeting the Board's application deadline. Thank you for your assistance.

Applicant's Signature _____

The following portion of this form is to be completed by the individual that supervised the applicant's geologic work. If the applicant is self-employed, a client or colleague may verify supervision of geologic work.

Supervisor's Name (please print): _____

Supervisor's Oregon RG # _____ Other State _____ RG/PG/LG# _____

If you are not a Registered Geologist in Oregon or a licensed geologist in another state, please describe on a separate sheet of paper your geologic training and experience that qualifies you to have supervised and taken full responsibility for the geologic work performed by the applicant. If you supervised the applicant's geologic work while exempt from geologist licensure, such as while working for the federal government or in a jurisdiction that does not license geologists, please indicate this.

Name of Firm (at applicant's time of employment): _____

Applicant's Position: _____

The applicant was under my supervision at this firm on the following dates:

From: _____ To: _____
Month/Year Month/Year

Full Time Part Time: Average Hours Worked Per Week _____

Please describe applicant's geologic duties and responsibilities (be specific): _____

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Were the primary duties of the applicant geologic work (i.e. work in which geologic knowledge and understanding was required)? _____

If NO, what percentage of work was geologic related? _____ (%)

From your personal knowledge, indicate your opinion of the applicant's potential to independently practice geology in Oregon by placing an 'X' in the appropriate boxes below.

	SATISFACTORY	UNSATISFACTORY*	UNKNOWN
Geologic Knowledge			
Geologic Description			
Geologic Interpretation			
Technical Competence			
Professional Integrity			
Professional Judgment			

*If an "unsatisfactory" box is checked above, please provide an explanation below or on a separate sheet of paper.

In your opinion, is the applicant qualified to independently practice geology in Oregon:

Yes No Unsure, do not have information about the applicant's current qualifications

*If you answered "No", please provide an explanation below or on a separate sheet of paper.

Additional comments (optional): _____

Place RG/PG/LG
Stamp Below

Signature of Applicant's Supervisor

Date

Email Address of Supervisor

Phone # of Supervisor