

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 registration as a:
(Name of Applicant for Registration)

Registered Geologist

Please verify my employment so the Board may evaluate my eligibility for 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 in one compiled 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 applicant's supervisor. If the applicant is self-employed, a client or colleague may verify employment.

Supervisor's Name (please print): _____

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

*If the Supervisor is not a registered/licensed geologist in Oregon or another state, please describe your geologic experience and qualifications to mentor other geologists on a separate piece of paper.

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

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 _____ Applicant's Position: _____

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

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Were the primary duties of the applicant geologic related 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 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 the "unsatisfactory" box is checked, please provide an explanation below or on a separate piece of paper.

In your opinion, is the applicant qualified to practice Geology independently 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 piece of paper.

Additional comments (optional): _____

Place RG/PG/LG
Stamp Below

Signature of Applicant's Supervisor

Date

Email Address _____