EXPERIENCE RECORD

Record must be continuous regardless of nature of employment. Time should be calculated in years and months. **List in reverse chronological order** starting with the most recent assignment. Experience of less than a full month will not be counted. Enclose a *Verification of Employment* form for each employment involving geology-related work in an envelope sealed by the supervisor completing the form. Alternatively, a supervisor may email the completed form directly to the Board office at osbge.info@bgelab.oregon.gov.

NOTE: Address of employer should be home or head office. If immediate supervisor is now in other work, give the present address or email for the supervisor if possible.

Employment No. 1	Employer Data:	Immediate Geologist Supervisor:	Your Geological Employment Time	
(Current or most recent) From: To :	Name of Company: Job location: Company address: Position held:	Name: Registration No. State(s) Registered in: Phone Number: Email:	Years	Months
Description of work duti	es and extent of responsibility:			
Employment No. 2	Employer Data:	Immediate Geologist Supervisor:	Your Geological Employment Time	
From: To :	Name of Company: Job location: Company address: Position Held:	Name: Registration No. State(s) registered in: Phone Number: Email:	Years	Months
Description of work duti	es and extent of responsibility:		1	<u>-</u>
Employment No. 3	Employer Data:	Immediate Geologist Supervisor:	Your Geological Employment Time	
From: To :	Name of Company:	Name: Registration No. State(s) registered in: Phone Number: Email:	Years	Months
Description of work duti	es and extent of responsibility:			
I certify under pena sheets is true and co	alty or perjury or loss of license that the in	nformation on this application	on or any	appende
	Signature of Applicant	I	Date	