

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

TO: _____
Supervisor Name

FROM: _____
Applicant Name

ADDRESS: _____

ADDRESS: _____

PHONE NUMBER: _____

PHONE NUMBER: _____

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

Certified Engineering 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 engineering geology work. If the applicant is self-employed, a client or colleague may verify supervision of engineering geology work.

Supervisor's Name (please print): _____

Supervisor's Oregon CEG# _____ Other State _____ CEG/LEG# _____

If you are not a Certified Engineering Geologist (CEG) in Oregon and do not hold a specialty license as an engineering geologist in another jurisdiction, please describe on a separate sheet of paper your engineering geologic training and experience that qualifies you to have supervised and taken full responsibility for the engineering geology work performed by the applicant. If you supervised the applicant's engineering geology 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 engineering geologic duties and responsibilities: (be specific): _____

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

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

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

	SATISFACTORY	UNSATISFACTORY*	UNKNOWN
Geologic Hazards Mitigation			
Earth/Structure Interactions			
Soil and Rock Mechanics			
Geotechnical Analysis and Design			
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 engineering 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 piece of paper.

Additional comments (optional): _____

Place CEG
Stamp Below

Signature of Applicant's Supervisor

Date

Email Address of Supervisor

Phone # of Supervisor