**WORK EXPERIENCE VERIFICATION FORM**

**This section is to be completed by the applicant:**

**APPLICANT’S Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- |
| **SELECT ONE CATEGORY OF WORK EXPERIENCE. Circle the points that show your years of experience.** | **Points** |
| Full-time Dental Related employment (min 2 years) | 20 |
| Full-time/Part-time Dental Related employment (min 1 year) | 15 |
| Full-time health care employment (min 2 years) | 15 |
| Full-time/Part-time health care employment (min 1 year) | 10 |
| Full-time NON health care work experience (min 1 year) | 10 |
| Part-time NON health care work experience (min 1 year) | 8 |
| Full-time/Part-time employment (less than 1 year) | 6 |
| Dental Related Volunteer/Community Service work (100 hours minimum) | 6 |
| General Volunteer/Community Service work (100 hours minimum) | 5 |

**This section is to be completed by the employer:**

**Business Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_**

**Employer Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant’s dates of employment: From (start date): \_\_\_\_\_\_\_\_\_\_\_\_\_ Through (end date): \_\_\_\_\_\_\_\_\_\_**

**Position title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employment status: \_\_\_\_\_\_\_\_Full-time \_\_\_\_\_\_\_Part-time \_\_\_\_\_\_\_\_Volunteer**

**Applicant’s Job Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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***Employer’s Attestation: My signature verifies that this is an accurate record of the applicant's work experience.***

**Supervisor’s NAME (PRINTED): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***FOR OFFICE USE ONLY:* VERIFIED**: YES NO

*DATE*: \_\_\_\_\_\_\_\_\_\_\_\_\_ *INITIALS*: \_\_\_\_\_\_\_\_ *Updated 02/25/25 GTO*