



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Registration for Geologists
 110 Centerview Dr. • Columbia • SC • 29210
 P.O. Box 11329 • Columbia • SC 29211-1329
 Phone: 803-896-4575 • contact.geologists@llr.sc.gov • Fax: 803-704-6772
 www.llr.sc.gov/geo

EMPLOYMENT VERIFICATION

To be completed by Applicant:

Name: _____ Social Security No. (Last four): XXX-XX-_____

To be completed by Respondent:

1. Name of Firm: _____

Business Mailing Address: _____

Business Phone: _____ Fax: _____ Web Address: _____

2. Immediate Supervisor of Applicant: _____

Title of Immediate Supervisor: _____

If Registered: Registration/License No.: _____ State of License: _____

3. Job Title(s) of Applicant: _____

(Attach separate sheet if additional space is needed.)

4. Describe type of work performed: _____

5. Principal Business of Firm: _____

6. Average Hours Worked Per Week: _____

7. Total Years Work: _____ Full-Time: _____ Part-Time: _____

8. Employment Dates: From: _____ To: _____

Mo./Day/Year

Mo./Day/Year

 Print Name of Individual Completing Form

 Title

 Signature of Individual Completing Form

 Date

Telephone: _____

Please submit this form to the Board at the above address.