Print Form

Board of Registration of Architecture, Engineering, Land Surveying and Landscape Architecture, 85 E 7th Place, Saint Paul, Minnesota 55101-2333 (651) 296-2388

LANDSCAPE ARCHITECT
EMPLOYMENT VERIFICATION
(Applicant completes the information below)

Applicant's Name: _____ Date: _____

Address: _____

Is/Was Employed with the firm of: _____

Address of Firm: _____

Which rendered these services: ☐ Architecture ☐ Engineering ☐ Land Surveying

☐ Landscape Architecture ☐ Planning ☐ Construction ☐ Construction Management

☐ Other (Please explain on separate sheet)

Position of Supervisor: ☐ Licensed Architect ☐ Licensed Engineer ☐ Licensed Land Surveyor

☐ Licensed Landscape Architect ☐ Contractor ☐ Other (Please explain on separate sheet)

DATES OF EMPLOYMENT						LENGTH OF TIME			CHECK APPROPRIATE EXPERIENCES																
									IN THE POSITION OF		GENERAL PRACTICE OF LANDSCAPE ARCHITECTURE														
FROM			TO			FULL TIME	PART TIME (LESS THAN 35 HRS/WK)		EMPLOYEE	OTHER (EXPLAIN)	PROGRAMMING CLIENT CONTACT	SITE ANALYSIS	SCHEMATIC DESIGN	SITE COST ANALYSIS	CODE RESEARCH	DESIGN DEVELOPMENT	CONSTRUCTION DOCUMENTS	SPECS & MATERIALS RESEARCH	DOCUMENTS CHECKING & COORD.	BIDDING PROCEDURES	CONSTR. PHASE – OFFICE	CONSTR. PHASE – OBSERVATION	OFFICE PROCEDURES	TEACHING/RESEARCH
MONTH	DAY	YEAR	MONTH	DAY	YEAR	Y	Y	HOURS PER WEEK																
						☐	☐				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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APPLICANT'S AUTHORIZATION AND RELEASE - THIS RELEASE MUST BE SIGNED BEFORE SENDING THIS FORM TO EMPLOYER.

I hereby authorize the Board of Architecture, Engineering, Land Surveying and Landscape Architecture to make inquiries of the person listed as a reference on this form with respect to my background and character. I invite full and complete response to all inquiries. I release the reference source(s) and/or recipient(s) from any and all claims, including claims for libel and slander, which may arise out of the communication of any information to the Board by the reference.

SIGNED: _____ DATE: _____

Applicant Name: _____

Employer: Your name has been supplied to the Board as a person with knowledge of the above-named applicant who has applied for licensure to practice landscape architecture in Minnesota.

The Board is required to review each applicant's work history, abilities, reputation and integrity and we therefore request your assistance in completing this form objectively.

Please return the completed form to the Board at your earliest convenience.

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1. The dates of employment as shown above are correct. _____ Yes _____ No If no, please explain.

2. The applicant worked under my direct supervision during this time.

   ____ Yes ____ No (If no, please explain.)

3. The experiences reported by the applicant for the dates of employment shown above are correct.

   _____ Yes _____ No If no, please explain.

PERSON COMPLETING THIS FORM:

NAME: _____

POSITION OR TITLE: _____License # and State_____

FIRM: _____

SIGNATURE: _____ DATE: _____