BOARD MEMORANDUM: To all Applicants for initial licensure

Subject: Employment Verification Instructions

Enclosed is an Employment Verification Form (which may be copied double-sided) for you to send to your landscape architectural (or related field) employers for completion and return to the Board office by them. You are to complete the front page of the form and then send the form, with a stamped return envelope addressed to the Board, to each employer. Send one form to each employer listed on your application.

The Employment Verification forms must be completed as follows:

1. Applicant's Name: Print or type your full name.
2. Date: The month, day and year you complete the form.
3. Address: Your mailing address; preferably, your home address.
4. Is/Was employed with the firm of: The name of the firm you wish to verify your experience.
5. Address of Firm: Current firm mailing address.
6. Which rendered these services: Check the appropriate response.
7. Position of Supervisor: Check the appropriate response.
8. Chart: self-explanatory.
9. Applicant's Authorization and Release: Read the authorization statement very carefully; sign, date and send to your reference.

If the supervisor is not licensed in Minnesota, request him/her to attach a copy of their license from another state.

If you have any questions concerning the employer verification form, please call the Board office at (612) 296-2388.