

## North Carolina Board for Licensing of Geologists

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## EMPLOYMENT VERIFICATION FORM

	To be completed by applicant.	
	Date:	
	Applicant:	
	Employer:	_
Dear Employer,		
	Il listed above has applied to the North Carolina Board for Licensing of Geologist in North Carolina. You are listed as a current or former employ	
	ete the form below pertaining to this individual. The information will be on is essential in order to approve the individual's application.	treated confidentially.
Thank you fo	r your assistance.	
Dates of emplo	yment:to	
Supervisor:	License Type & Number:	
Give a brief dea	scription of the applicant's duties and responsibilities:	
What is your o	pinion of the applicant's competency?	
Signature:	_ Date:	_
Name and Title	:	_
Firm:		_ Seal
Location:		_

 $<sup>\</sup>ensuremath{^*}$  If you are a licensed professional, please affix your seal in the space provided.