STATE OF NEVADA - EMPLOYMENT VERIFICATION FORM

I. APPLICANT MUST COMPLETE SECTIONS 1-12   PRINT OR TYPE CLEARLY IN INK

The applicant is required to complete sections 1 and 2 of this form prior to sending it to the employer. Please remember that making or giving any false information in connection with an application for an examination and/or licensure is ground for denial of a license to practice architecture.

1. Applicant's name:

2. Applicant's current address:

3. Is/was employed with the firm of:

    Address of firm:

4. Does/did the firm or affiliate of the firm engage in construction? Yes ☐   No ☐
(See Rules 2.7 and 2.8 of Appendix A.)

5. If the answer to No. 5 is "No," then indicate services rendered by the firm:

    ☐ Architecture   ☐ Real estate development   ☐ Interior design/contract interiors   ☐ Other (Explain on separate sheet.)
    ☐ Engineering   ☐ Planning   ☐ Construction management

6. Position of supervisor:

    ☐ Registered architect   ☐ Registered engineer, landscape architect, interior designer or, planner   ☐ Other (Please explain.)

7. Dates of employment						8. Length of Time		9. In the Position of		10. Indicate percent of total time spent in each practice category with this employment — General Practice of Architecture													
From			To			Full Time	Part Time (Less Than 35 Hrs/Wk)	Employee	Other (Explain)	Programming-- Client Contract	Site and Environ. Analysis	Schematic Design	Building Cost Analysis	Code Research	Design Development	Construction Documents	Specs. and Marverial Research	Documents CHeck- ings and Coordin.	Bidding Procedures	Constr. Phase-Office	Constr. Phase Observation	Office Procedures	Teaching/Research
Year	Month	Day	Year	Month	Day	✔	✔	Hours Per Week															

Applicant's Authorization Release---*This release must be signed before sending this form to the reference.*

I hereby authorize NSBAIDRD 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 from any and all claims, including claims for libel and slander, which may arise out of the communication of any information to NSBAIDRD by the reference.

11. Signed_____   12. Date_____

II. TO BE COMPLETED BY EMPLOYER AND/OR SUPERVISOR

A. Are the dates of employment as shown correct?   Yes ☐   No ☐   (If "No," please clarify.)

B. Has the applicant worked under the direct supervision of individuals as indicated ?   Yes ☐   No ☐   (If "No," please clarify.)

C. Are the experiences and percentages shown by the applicant for the dates of employment correct?   Yes ☐   No ☐   (If "No," please clarify.)

D. Please indicate, to the best of your knowledge, the applicant's ability in the experiences indicated above by placing an "X" in the appropriate spaces below. If "Unsatisfactory" box is checked for "Technical Competence" or "Professional Conduct" please explain on back of this form.

	E. On latest date of employment					F. On date of this reply				
	Excellent	Satisfactory	Marginal	Unsatis- factory	Not Qualified to Answer	Excellent	Satisfactory	Marginal	Unsatis- factory	Not Qualified to Answer
Technical competence..........										
Professional competence..........										

Person supplying information above please complete the following relative to yourself. Please type.

G. Name of person completing this half of the form:

H. List states and dates of architect registration:

I. Position in above firm:

J. Name of current firm: K. Position in current firm:

Submission of false information in aid of an application for licensure may subject you to administrative disciplinary action and criminal prosecution.

I Certify Under Penalty of Perjury Under the Laws of the State of Nevada that the information on this form is True and Correct.

L. Signature: M. Date:

NOTE: PLEASE COMPLETE EACH NUMBERED OR LETTERED ITEM. INCOMPLETE FORMS WILL BE RETURNED.