LIMITED ELECTRICAL TRAINEE WORK VERIFICATION FORM

(Please submit a separate form for each employer)

SELF-VERIFICATION WILL NOT BE ACCEPTED

Applicant’s Legal Name: ________________________________________ License # if required: __________________

Employer/Contractor:____________________________________________ License # if required:_____________

Address: ______________________________________________________________________________________

City: __________________________________________  State: ______________ Zip Code: _________________

E-Mail Address: _________________________________________Telephone Number:______________________

Supervising Electrician: ___________________________________________License Number: ________________

Dates of Verification:  ______________________________________________________________________________

From: (month/day/year)    To: (month/day/year)

Total hours performing electrical work for this employer for the time period noted above: _________________

Detailed Description of the type of work performed: _________________________________________________
_____________________________________________________________________________________________

Are the above dates taken from payroll records:  _____ Yes _____ No   If No, please explain: ________________________

_____________________________________________________________________________________________

Were all jobs where the applicant worked inspected by a governmental authority: _____ Yes _____ No
(Governmental Authority example: State Electrical Inspector/City Inspector)

If No, please explain: _________________________________________________

Was this work done in the State of Idaho?  No ________ Yes ________ State_____________________
(If the work was performed in multiple States, a separate verification form is needed for each State. Listed license
Number s must reflect the State in which the work was performed.)

Employer’s Authorized Signature          Date

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC

State Of _______________________

The above individual appeared before me this __________________ day of __________________ , 20_____________

NOTARY SEAL: ________________________________ Signature of Notary Public

Commission Expires: _____________________________