

Professional Clear Administrative Services Credential Program

This form is required as part of the Professional Clear Administrative Services Credential Program. Candidates must submit verification they currently hold a position requiring a preliminary Administrative Services Credential. Verification should be provided from their current employer.

Candidates Name:

_____ / _____ / _____
FULL LEGAL NAME Last First Name Middle Name

Title of Candidates Administrative Position: _____

Dates of Initial Employment in an Administrative Position: _____
(MM/DD/YYYY)

Employing Agency:

Name of the Employing Agency: _____

Mailing Address:

Address (Line 1)		County of Employment
Address (Line 2)		Telephone
City	State	Zip Code

Supervisor Name

_____ / _____
Name of Immediate Supervisor (print or type) Official Title

Employment Verification

_____ / _____
Name of Employer or Designee (print or type) and title of Employer or Designee Official Title

Signature of Employer or Designee Date (MM/DD/YYYY)

*Position must be verified by the Human Resources Office of Employing Agency