

Two-Year Full-time Work Verification

Use this form to verify two years' full-time work experience.
Each Employer/Office Manager/HR Department must complete a separate form.

APPLICANT INFORMATION (TO BE COMPLETED BY THE APPLICANT)

Applicant's Full Name: _____
First Middle Last

Certification or License Number: _____ Date Issued: _____

Type of Certification or License held:

- Certified Behavioral Health Technician Certified Peer Support Specialist
 Certified Case Manager Certified Crisis Worker
 Substance Use Disorder Counselor Other: _____

VERIFICATION OF FULL -TIME WORK

(TO BE COMPLETED BY THE EMPLOYER/OFFICE MANAGER/HR)

Name of Establishment: _____

Dates the applicant was employed **full-time** with this establishment:

Employment Start Date: _____ Employment End Date: _____

Did the person listed above work full-time during the dates of employment? Yes No

Responsibilities of the applicant, while employed with this establishment:

ATTESTATION:

I certify that I am an authorized representative of the establishment listed above with the authority to access and report on the information in this verification. I further certify that the applicant listed above has worked **full-time** for the before mentioned establishment during the dates listed as required by [Utah Code § 58-60-603\(4\)\(b\)\(v\)](#).

I declare under criminal penalty under the law of Utah that this application is true and correct.

Authorized Signature: _____ Date: _____

Authorized Signer's Name: _____
First Middle Last

Authorized Signer's Job Title: _____

Email: _____

Note: REQUIRED All Division notices and communication regarding employment verification will be sent to this email.