

## South Carolina Department of Labor, Licensing and Regulation

## **South Carolina Board of Registration for Geologists**

110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11329 • Columbia • SC 29211-1329
Phone: 803-896-4575 • Contact.Geologists@llr.sc.gov • Fax: 803-896-4554
llr.sc.gov/geo

## **EMPLOYMENT VERIFICATION**

To	To be completed by Applicant:				
Name:		Social Security No. (Last four): XXX-XX-			
То	be completed by Respondent:				
1.	Name of Firm:				
	Business Mailing Address:				
	Business Phone:	Fax:	Web A	Address:	
2.	Immediate Supervisor of Applicant:				
	Title of Immediate Supervisor:				
	If Registered: Registration/License No.: _			State of License:	
3.	Job Title(s) of Applicant:				
	(Attach separate sheet if additional space is needed.)				
4.	Describe type of work performed:				
5.	Principal Business of Firm:				
6.	Average Hours Worked Per Week:	_			
7.	Total Years Work:	Full-Time: _		Part-Time:	
8.	Employment Dates: From:	То:			
	Employment Dates: From: Mo./Day/	Year	Mo./Day/Year	<u> </u>	
Print Name of Individual Completing Form		Title			
Signature of Individual Completing Form			Date		
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Te	lephone:				

Please submit this form to the Board at the above address.