



South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Landscape Architectural Examiners

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P.O. Box 11419 • Columbia • SC 29211-1419

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llr.sc.gov/land

EMPLOYMENT VERIFICATION FORM

Complete and return this form to the above address.

EMPLOYMENT VERIFICATION FOR:

An application as a professional Landscape Architect had been filed with this department by the above referenced applicant. Please verify the applicant's employment dates and provide any information that may be of value to the Department in evaluating the applicant's qualifications. This information is for the confidential use of the Department. The source and character of this information will not be divulged, except in special cases when required by law. The applicant and the Department will appreciate your cooperation and prompt reply to this request.

Applicant's Professional Experience

Position Title: \_\_\_\_\_

Applicant Worked Full Time (40 hrs/week) From: \_\_\_\_\_ To: \_\_\_\_\_
Month/Year Month/Year

Applicant Worked Part Time: \_\_\_\_\_ Hrs/Wk For \_\_\_\_\_ Weeks

Duties: \_\_\_\_\_

What is your opinion of the applicant's competency? Excellent Satisfactory Unsatisfactory\*

- a) Technical Knowledge
b) Professional Experience
c) Reputation in the Profession

In your opinion, is the applicant fully qualified to practice Landscape Architecture? [ ] Yes [ ] No

Please explain "unsatisfactory" answers or provide additional comments on an attached sheet. \_\_\_\_\_

Are you a currently registered Landscape Architect? [ ] Yes [ ] No If yes: State Reg. #: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Business: \_\_\_\_\_

Affix Seal Here

Address: \_\_\_\_\_