American Welding Society
8669 NW 36 St, # 130 Miami, FL 33166-6672
(800) 443-9353 or (305) 443-9353, ext. 273

AWS Member #: _____

EMPLOYMENT VERIFICATION

Personal Information	*Name __must__ match your current government issued or Passport*

Last Name	First Name	Middle Initial

Street Address	City, State, Zip Code

Home Telephone	Work Telephone	Mobile Telephone

Email	Date of Birth MM/DD/YY	Last Four Digits of SS#

Job Description

- This section BELOW <u>MUST</u> be completed by a supervisor or personnel manager for the **most recent or current employer**.
- Self-employed or contract applicants must substitute this section with a letter of reference on company letterhead from two (2) separate clients attesting to:
  - o the nature of work assignments during the period of performance
    - o type of work done
  - o length of time as a client
- If the employer is no longer in business, include copy of the W2 form.

Company Name:_____   Company Phone: _____

Company Address: _____

City, State: _____   Zip Code:_____Country: _____

I _____ , verify that _____ maintained
         Supervisor/Personnel Manager's Name (print)   Employee's Name (print)

employment at _____ from _____ to _____
                          Company Name   Date: mm/yyyy   Date: mm/yyyy

Signature: _____   Date: _____
              Supervisor/Personnel Manager's Name   Month/Day/Year