



**EMPLOYER AFFIDAVIT**

Copy Page if Additional Blank Pages are Needed for Multiple Employers

**Be sure to use a separate form** for each organization or institution where the full-time experience was gained. Be sure to submit experience sufficient to document the one (1) year requirement if applying for Code Enforcement Officer.

**1. Applicant Information**

Name: (please print)

\_\_\_\_\_ Last Name

\_\_\_\_\_ First Name

\_\_\_\_\_ Middle Name

Phone Number:  
(include the area code)

\_\_\_\_\_

Mailing address:

(P.O. Box, Number, Street Name/Apartment Number, City, State, Zip)

**THE PERSON CERTIFYING TO HIS/HER KNOWLEDGE OF THE FULL-TIME EMPLOYMENT OF THE INDIVIDUAL ABOVE SHALL COMPLETE THE INFORMATION BELOW**

I, \_\_\_\_\_, certify that I have employed/supervised

(Employer/Supervising CEO)

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

(Applicant)

(Month/Day/Year)

(Month/Day/Year)

and that I know of my own knowledge that said person was employed as follows and that his/her regularly assigned duties included code enforcement.

3. Employer Name: \_\_\_\_\_

4. Phone Number:  
(include the area code) \_\_\_\_\_

5. Other means of employment:  Self-Employed  Independent Contractor

6. Employer

Address:

\_\_\_\_\_ (Number, Street Name/Apartment Number, City, State, Zip)

7. Briefly describe job responsibilities: \_\_\_\_\_

8. Job Title: \_\_\_\_\_

9. Check the type of establishment or office in which work is/was performed:

City Employment  County  State  Agency

Other, specify: \_\_\_\_\_

10. Total number of hours per week applicant worked in the above duties: \_\_\_\_\_

11. Other pertinent information: \_\_\_\_\_

**12. EMPLOYER STATEMENT**

I certify under penalty of perjury that the information submitted is true and correct.

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Date