South Carolina Department of Labor, Licensing and Regulation
South Carolina Soil Classifiers Advisory Council
110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11419 • Columbia • SC 29211-1419
Phone: 803-896-4580 • Contact.Soil@llr.sc.gov • Fax: 803-704-6772
www.llr.sc.gov/soil

Confidential Employment Verification

Employment Verification For: _____

An application as a professional Soil Classifier has 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 use of the Department. The source and character of this information will not be divulged, except when required by law. The applicant and the Department will appreciate your cooperation and prompt reply to this request.

Reference Information

Name: _____ Title: _____

Business Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Are you a legally licensed or registered Soil Classifier or Soil Scientist? ☐ Yes ☐ No

If yes, State: _____ Registration. #: _____

Falsification of information could adversely affect the status of your license to practice Soil Classifying in SC.

Applicant's Professional Experience

1. Was the applicant ever under your direct or indirect supervision? ☐ Yes ☐ No

   If no, please explain _____

2. Applicant Worked Full Time (40 hrs. per week) From: _____ To: _____
   Month/Year Month/Year

   Applicant Worked Part Time From: _____ To: _____
   Month/Year Month/Year

3. List the applicant's duties: _____

   _____

4. Please rate your applicant on their ability to successfully complete their work ethics below:

	Excellent	Satisfactory	Unsatisfactory
a. Technical Knowledge	☐	☐	☐
b. Professional Experience	☐	☐	☐
c. Reputation in the Profession	☐	☐	☐

5. In your opinion, is the applicant fully qualified to practice Soil Classifying? ☐ Yes ☐ No

*Please attach additional pages for comments you feel are impertinent.

Signed: _____ Date: _____

Print Name: _____ {Affix Seal Here}

Title: _____