



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Board of Registration for Foresters**  
110 Centerview Dr. • Columbia • SC • 29210  
P.O. Box 11329 • Columbia • SC • 29211  
Phone: 803-896-4800 • contact.foresters@llr.sc.gov • Fax: 803-896-9651  
llr.sc.gov/for

## EMPLOYMENT VERIFICATION

### To be completed by Applicant:

Name: \_\_\_\_\_ Social Security (*Last Four*): XXX-XX- \_\_\_\_\_

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### To Be Completed by Respondent:

Name of Firm: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_  
(Street or P.O. Box)

\_\_\_\_\_

City

State

Zip

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Immediate Supervisor of Applicant: \_\_\_\_\_

Title of Immediate Supervisor: \_\_\_\_\_

Registration/License Number of Supervisor: \_\_\_\_\_

Job Title(s) of Applicant: \_\_\_\_\_  
(Attach separate sheet if additional space is needed)

Describe type of work performed in the following: (Attach additional sheets as needed to adequately describe the categories)

a. Silviculture: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

b. Management: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

c. Economics: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

d. Protection: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- e. Utilization: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- f. Mensuration: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- g. Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In your judgment would the applicant be suitable for registration based on:

Technical Competence –  Yes  No If yes, why \_\_\_\_\_  
 \_\_\_\_\_

Professional Integrity –  Yes  No If yes, why \_\_\_\_\_  
 \_\_\_\_\_

Professional Reputation –  Yes  No If yes, why \_\_\_\_\_  
 \_\_\_\_\_

Personal Integrity –  Yes  No If yes, why \_\_\_\_\_  
 \_\_\_\_\_

Principal Business of Firm: \_\_\_\_\_

Average Hours Worked Per Week: \_\_\_\_\_

Total Years Worked: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
Mo./Day/Year Mo./Day/Year

\_\_\_\_\_  
 Print Name of Respondent

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Signature of Respondent

\_\_\_\_\_  
 Date

Telephone: \_\_\_\_\_

**PLEASE SUBMIT THIS FORM TO:** South Carolina Department of Labor, Licensing and Regulation  
 Board of Registration for Foresters  
 PO Box 11329  
 Columbia, SC 29211-1329