South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of
Landscape Architectural Examiners
110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11419 • Columbia • SC 29211-1419
Phone: 803-896-4580 • Contact.LSA@llr.sc.gov
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: _____ (Month/Year) To: _____ (Month/Year)

Applicant worked part time _____(hours per week) for _____ weeks.

Duties: _____

_____

_____

1. What is your opinion of the applicant's competency?

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

2. 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: _____

_____