Budget #: ZZ103 Fund #: 154



Texas Department of State Health Services Professional Licensing and Certification Unit Code Enforcement Officer Registration Program P.O. Box 149347, Mail Code 1982 Austin, Texas 78714-9347 (512) 834-4512

EMPLOYER AFFIDAVIT FORM

PHOTOCOPY IF ADDITIONAL COPIES ARE NEEDED

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

Name of Applicant:			
Address of Applicant:			·
(Street No. or Box)	(City)	(State)	(Zip)
The person certifying to his/her knowledge of th	e experience of the individual abov	ve shall complete the in	nformation below:
Ι,, cc	ertify that I have employed		
(Employer) from to	and that I know of my own kn	(Applicant)	was employed as follows
(Month/Day/Year) (Month/Day/Year and that his/her regularly assigned duties included co	ur)	iowieage mat said person	was employed as follows
Name and Address of Employer:			
Other means of employment: () Self employe	ed () Independent contract	tor	
2. Briefly describe job responsibilities:			
3. Job Title:			
4. Check type of establishment or office in which w () City Employment () County () Other, specify:	() State () Agency		
5. Total number of hours per week applicant worked			
6. Other pertinent information:			
On this, 20,	in		,
	(City)	(State)	
I certify under penalty of perjury that the information	n submitted is true and correct.		
STATE OF TEXAS () COUNTY OF ()			
COUNTY OF ()	Signature of	ure of Employer	
Sworn to and subscribed before me this day of	of, 20		
Notary's Signature	NOTARY SEAL		
Trouty a Digitature			