

Safety, Sanitation and Casualty Inspector Certification
 Letter of Employment Verification
 Florida School Plant Management Association

Name			
Address			
City		State	
		Zip Code	
Employer:			
Employer Address:			

Employment Period and Title	The above applicant has been employed by our educational system from _____ to _____ in the following positions:		
	Position 1:		Dates:
	Position 2:		Dates:
	Position 3:		Dates:

Job Function:	<p>Please describe in full detail the responsibilities of the applicant. Attach job descriptions if necessary to answer fully.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
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Affidavit	To the best of my knowledge, and our employment records, I hereby attest that the above information is true and correct.		
	Name of person supplying information: 		
	Official Title of Respondent (Supervisor): 		
	Supervisor's Signature: _____	Date:	