



REGISTERED SANITARIAN PROFESSIONAL REFERENCE FORM



PHOTOCOPY IF ADDITIONAL COPIES ARE NEEDED

Use a separate form for each organization or institution where the experience was gained. Be sure to submit experience sufficient to document two (2) years of experience.

Name of Applicant: _____ Phone #: _____

Address of Applicant: _____
(Street No. or Box) (City) (State) (Zip)

The person certifying to his/her knowledge of the experience of the individual above shall complete the information below:

I, _____, certify that I have employed _____
(Employer) (Applicant)
 from _____ to _____ and that I know of my own knowledge that said person was employed as
(Month/Day/Year) (Month/Day/Year)
 follows and that his/her regularly assigned duties included work as a sanitarian:

1. Name and Address of Employer: _____

2. Briefly describe job responsibilities: _____

3. Job Title: _____

4. Check type of establishment or office in which work is/was performed:
 City Employment County State Agency
 Other, Specify: _____

5. Total number of hours per week applicant worked in the above duties: _____

6. Other pertinent information: _____

On this _____ day of _____, 20____, in _____, _____
(City) (State)

I certify under penalty of perjury that the information submitted is true and correct.

STATE OF TEXAS () _____
 COUNTY OF () **Signature of Employer**

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary's Signature

NOTARY SEAL

PRIVACY NOTIFICATION

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)