ST. LOUIS COUNTY, MISSOURI
DEPARTMENT OF PUBLIC WORKS- BOARD OF ELECTRICAL EXAMINERS
41 S. Central Ave., St. Louis MO 63105
E-Mail: electricallicensing@stlouisco.com Phone: 314-615-4591

AFFIDAVIT OF EMPLOYMENT EXPERIENCE

(Before beginning, make a copy of this blank page for each of the applicant's employers)

**** NOTE: This page is to be completed by the applicant's EMPLOYER, not the applicant. ****

****All blank lines MUST be completed, all signatures must be originals ****

PLEASE TYPE, OR PRINT CLEARLY

Applicant's Full Name: _____

Last 4 Digits of Social Security # SSN: _____ Employment from _____/_____/_____ to _____/_____/_____

APPLICANT MUST SUBMIT W-2 COPIES REPRESENTING 6 - 10 MOST RECENT YEARS OF ABOVE TIME PERIOD

Number of hours employed in each type of electrical, or communications, wiring installation work:

Residential: _____ hours
Commercial: _____ hours
Industrial Construction: _____ hours
TOTAL _____ hours

Company Name: _____

Address: _____ **City/State/Zip**: _____

Phone: __(____)_____ **Fax (if known):** __(____)_____

If you worked under the supervision of a licensed contractor, complete these 3 blank lines:

Person's Name:_____ License # _____ Issued by: _____

Describe in detail the type and scope of applicant's job duties. This page must be signed in the presence of a Notary Public. If separate sheet is used for the job description, *it must also be signed in presence of Notary, who must duplicate Notary statement below and affix stamp or seal.*

_____

_____

_____

_____

I hereby declare that above and foregoing employment history regarding this applicant is true and correct to the best of my knowledge. I have signed any additional pages in the presence of a Notary.

_____	_____	_____
Employer's signature *(original)*	Printed name	Printed title

Statement: This document signed by _____ in my presence on ___/___/20___.
His/her identity *(check 1)* ___ known to me, or ____ confirmed by current, valid official photo identification.

_____
Notary Public *(original signature)*

NOTARY SIGNATURE, STAMP OR SEAL MUST APPEAR ON THIS ONE-PAGE AFFIDAVIT, PAGE 3