

Employment Verification Certified Brain Injury Specialist Trainer Applicant

Information must be typewritten or neatly printed.

This section is to be completed by your immediate supervisor. If you are self-employed, a professional colleague must complete. **The previous (5) years of employment in the field of Brain Injury must be verified; separate forms must be submitted by each employer in the previous five (5) years.**

Applicant's name: _____

I hereby verify that this applicant has been employed for _____ years _____ months in a program serving persons with brain injury.

Print your name: _____

Your title: _____

Organization: _____

Address: _____

Phone: _____ Email: _____

Type of Brain Injury program: _____

Applicant's dates of employment: _____ to _____

Describe duties of this applicant: _____

Additional comments: _____

I hereby verify that the information provided above is true and accurate to the best of my personal knowledge.

Signature: _____ Date: _____