

**Applicant Name** \_\_\_\_\_

**Form Completion Date** \_\_\_\_\_

**Section I: Employer Information**

**Employer Name** \_\_\_\_\_

**Employer Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State/Province** \_\_\_\_\_ **Zip/Postal Code** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Website** \_\_\_\_\_

**Type of Business**

- ☐ Interior Design Firm      ☐ Corporate In-House      ☐ Retail Store  
☐ Architecture Firm      ☐ Educator      ☐ Other \_\_\_\_\_

**Your Title** \_\_\_\_\_

**Responsibilities While Employed (Check all that apply)**

- ☐ Programming      ☐ Conceptual/Schematic Design      ☐ Design Development  
☐ Construction Documents      ☐ Project Administration      ☐ Other \_\_\_\_\_

**Dates of Employment (mm/dd/yyyy)** From \_\_\_\_\_ To \_\_\_\_\_

**Hours Worked**

Avg. hours worked per week \_\_\_\_\_ x No. of weeks worked \_\_\_\_\_ = \_\_\_\_\_ **Total Hours**

**Type of Work Experience (Check one)**

Hours must be earned and affirmed by either a Direct Supervisor and/or Sponsor who are themselves a qualified design professional (see pg 2 for details)

- ☐ **OUTSIDE EMPLOYMENT**(Employed by a design firm that is in no way owned by the Candidate or a direct relation.)  
☐ **SELF EMPLOYMENT** (Any employment where candidate and/or a direct relation is the owner of the firm.)

*I verify that the information provided above is correct.*

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



*Page 2 to be Completed by Supervisor/Employer*

(Page 1 to be Completed by Applicant)

*Finished form to be emailed directly to [idx@ccidc.org](mailto:idx@ccidc.org)*

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Form Completion Date \_\_\_\_\_

**Section II: INFORMATION ON DIRECT SUPERVISOR** (design professional who provides substantial oversight and control of candidate's work and possesses detailed knowledge of the tasks performed)

**Person Completing Page 2 Information** (Select description of person completing page 2 of the form)

*Outside Employment*

- ☐ Direct Supervisor  
☐ Firm Owner/Employer

*Self Employment*

- ☐ Corporate Attorney  
☐ CPA/ Tax Preparer

**REQUIRED INFORMATION:**

Name \_\_\_\_\_

Title \_\_\_\_\_

Firm Name \_\_\_\_\_

Firm Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Is all of the information the applicant provided in Section I correct? ☐ Yes ☐ No

If no, please explain. \_\_\_\_\_

\_\_\_\_\_  
*I verify that the information provided above and in Section I is correct.*

Supervisor/Employer Signature \_\_\_\_\_

Date \_\_\_\_\_

