

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 idex@ccidc.org

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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 _____

