

Wisconsin Department of Safety and Professional Services

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EXAMINING BOARD OF PROFESSIONAL GEOLOGISTS, HYDROLOGISTS AND SOIL SCIENTISTS

EXPERIENCE RECORD

Instructions: Make statement concise. Include enough detail such that a peer may judge the character of your work. Include magnitude and complexity of work on each engagement including your duties and degree of responsibility. University or college shall be engagement 1. Your first employment shall be engagement 2, with subsequent experience in chronological order. Your current engagement should be your last entry. If you have additional engagements, complete and submit another copy of this form (**Form #2392**) for review.

Applicant Information:			
Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>
Type Credential Applying For: <input type="checkbox"/> Geologist <input type="checkbox"/> Hydrologist <input type="checkbox"/> Soil Scientist			Date <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

1. School Attended (most recent) <input type="text"/>	Degree Received <input type="text"/>	Major <input type="text"/>
Location (street, city, state, zip) <input type="text"/>	Graduation Date <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

2. Name of Employer <input type="text"/>	Title of Position <input type="text"/>
Address of Employer (street, city, state, zip) <input type="text"/>	Employment Period (include month/year) From: <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>

Duties/Extent of Experience and Responsibility <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Name of Immediate Supervisor <input type="text"/>	Hours Worked: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Number of Hours per Week: <input type="text"/>
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3. Name of Employer <input style="width: 95%; height: 20px;" type="text"/>	Title of Position <input style="width: 95%; height: 20px;" type="text"/>
Address of Employer (street, city, state, zip) <input style="width: 95%; height: 20px;" type="text"/>	Employment Period (include month/year) From: <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> To: <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>
Duties/Extent of Experience and Responsibility <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>	
Name of Immediate Supervisor <input style="width: 95%; height: 20px;" type="text"/>	Hours Worked: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Number of Hours per Week: <input style="width: 80px; height: 20px;" type="text"/>

4. Name of Employer <input style="width: 95%; height: 20px;" type="text"/>	Title of Position <input style="width: 95%; height: 20px;" type="text"/>
Address of Employer (street, city, state, zip) <input style="width: 95%; height: 20px;" type="text"/>	Employment Period (include month/year) From: <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> To: <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>
Duties/Extent of Experience and Responsibility <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>	
Name of Immediate Supervisor <input style="width: 95%; height: 20px;" type="text"/>	Hours Worked: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Number of Hours per Week: <input style="width: 80px; height: 20px;" type="text"/>