

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING EMPLOYMENT VERIFICATION

APPLICANT: Complete top portion of this form and forward to past or present employer. Proper completion of this form is required for processing of the application. Failure to submit proper documentation of employment will delay processing of your credential application.

Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>
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Address (street, city, state, zip) <input type="text"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>
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I hereby authorize the employer named below to provide the Department with the information requested below.

Applicant Signature: (Print and Sign Form) Date: / /

PAST OR PRESENT EMPLOYER: Certify employment below and return directly to DSPS. You may fax/email to: (608) 251-3036 or DSPSCREDBAC@wisconsin.gov.

Manager/Owner Name <input type="text"/>	Check One: <input type="checkbox"/> Manager <input type="checkbox"/> Owner
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Establishment Name <input type="text"/>	Establishment License Number <input type="text"/>
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Establishment Address (street, city, state, zip)

Employment Period: (include month, day, and year) From: / / To: / /

Hours Worked:	<input type="checkbox"/> Full-Time	Number of Hours Per Week:	<input type="text"/>
	<input type="checkbox"/> Part-Time	Number of Hours Per Week:	<input type="text"/>
Total Numbers of Hours Worked:			<input type="text"/>

Employee Worked as: (check one) Barber Barbering Manager

I declare, as the Manager or Owner, the foregoing statements are true to the best of my knowledge and belief, and that I personally completed and signed this form.

Signature of Manager or Owner (Print and Sign Form) **Date**
 / /

Address (street, city, state, zip) **License Number:**