



# ETA® International Employer Verification Form

**Please print clearly; \*Denotes mandatory fields**

## Employer Information

Date: \_\_\_\_\_

\*EMPLOYEE NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

\*SUPERVISOR NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

\*COMPANY NAME: \_\_\_\_\_

\*MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

\*PHONE: \_\_\_\_\_ \*EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

\*YEARS ON THE JOB: \_\_\_\_\_ ON THE JOB TRAINING: **YES** **NO** (CIRCLE)

\*JOB FUNCTIONS IN AREA OF CERTIFICATION(S):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please mail, fax or email all documentation to:*

**ETA® International**  
**5 Depot St.**  
**Greencastle, IN 46135**  
**Fax #: (765) 653-4287**  
**[eta@eta-i.org](mailto:eta@eta-i.org)**

If you have questions, please contact ETA® at: (800) 288-3824 or [eta@eta-i.org](mailto:eta@eta-i.org)

FOR OFFICE USE ONLY:  Fee  New Cert  Need to Contact  Other \_\_\_\_\_

ACTION:

Batch #

FOR OFFICE USE ONLY: NAME