AACE CERTIFICATION INSTITUTE

Certification Application Employment Verification Form

To the AACE candidate: Please present this form to your human resources representative or your supervisor/manager for completion. Once completed, you must upload the completed form to your certification exam application.

To the company representative: Please complete all the sections below and return this form to the requesting AACE candidate.

Employee's name:		
Employee's AACE ID# (if known):		
Employee aliases or other known names (if applicable):		
Employee's dates of employment (if currently employed, "Present" can be used)	**Start Date:**	**End Date:**
Employee's job title/position:		
Employee's status (Full-time, Part-time, Temporary, Contract):		
Please provide a brief description of the employee's main duties/responsibilities:		
Are you verifying the employee's previous employment?		If yes, enter the number of years you are verifying:
Company name and address:		
Company representative's name:		
Company representative's title/position:		
Company representative's email and phone number:	**Email:**	**Phone:**
Company representative's signature:		
Date signed:		