



Idaho Board of Alcohol/Drug Counselor Certification, INC.

Employment Verification Form

Employer: _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone _____

Applicant _____

Position Held _____

Responsibilities _____

Dates of Employment _____ To _____

Total Hours _____

Please note: If work experience has been limited to alcohol only or drug abuses only, please indicate this in the total hours space.

Name of Immediate Supervisor _____

Signature of Employer _____
(must be original)

Title _____

Date _____

Please Note: If verification by more than one employer is required to meet the requirements, please make additional copies of this form.