



## Verification of Supervised Work within the 12 Core Functions

**This form is to be filled by Employer of SUDA**

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

Employer Information	
<b>Employer Name</b>	
<b>Address</b>	
<b>City</b>	
<b>State</b>	
<b>Contact Number</b>	
<b>Email</b>	
<b>Application Date</b>	

Applicant Information	
<b>Applicant Name</b>	
<b>Position Held</b>	
<b>Position Responsibilities</b>	
<b>Date of Employment</b>	From:  To:
<b>Total Hours</b>	If work experience has been limited to alcohol only or drug abuses only, please indicate.



## Employer Signature

**Requirement**

Must be original, to be signed by Immediate Supervisor

<b>Immediate Supervisor Signature</b>	
<b>Supervisor Name</b>	
<b>Supervisor Title</b>	
<b>Date</b>	

## Next Step

Mail this form and all supporting documentation to:

IBADCC  
4948 Woodcutter Drive  
Boise, ID 83716