

Required for Pathway III & V only

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**EMPLOYMENT INFORMATION**

*Note: Employment verification will be verified at date listed below. If at time of exam registration the employment requirements have changed, the exam candidate must meet new eligibility requirements.*

Complete the following section only if you are planning to apply under Pathway III or V.

**CURRENT EMPLOYMENT:**

Job Title \_\_\_\_\_ Dates: from \_\_\_\_\_ to \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Immediate Supervisor \_\_\_\_\_ Title \_\_\_\_\_

**TO BE COMPLETED BY IMMEDIATE SUPERVISOR:**

Candidate Employed Under my Supervision from \_\_\_\_\_ to \_\_\_\_\_  
(mo/yr) (mo/yr)

Duties Performed by Candidate:

Has candidate performed satisfactorily while under your supervision?

Yes  No

Are you aware of any information which would adversely reflect on the character or competence of this person?

Yes  No

**I hereby certify that the above information is correct to the best of my knowledge.**

Signature of Supervisor \_\_\_\_\_

Date \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

**Applicant, Please Note:** If your two years of managerial/supervisory experience are not met by your current employment, please photocopy this page and record previous employment experience, and have your former employer complete the supervisor-related questions.

**FOR ANFP STAFF USE ONLY**

**Initial** \_\_\_\_\_ Verified work experienced by ANFP on \_\_\_\_\_

The Association of Nutrition & Foodservice Professionals reserves the right to verify information supplied on this page.

Submit this form to [info@ANFPonline.org](mailto:info@ANFPonline.org).