

**EDUCATION & EXPERIENCE VERIFICATION FORM
ALABAMA LOCAL TAX INSTITUTE OF STANDARDS AND TRAINING**

Full Name: _____
Address Line 1: _____
Address Line 2: _____
City: _____ State: _____ Zip: _____
Phone Number: _____

REQUIRED: TWO YEARS' EXPERIENCE

CURRENT EMPLOYER

Agency Name: _____
Address Line 1: _____
Address Line 2: _____
City: _____ State: _____ Zip: _____
Office Phone: _____ Fax: _____
Job Title: _____
Dates of Employment (Month/Year) From: _____ To: *Current*
Name & Title of Supervisor: _____

PREVIOUS EMPLOYER 1 (if applicable)

Agency Name: _____
Address Line 1: _____
Address Line 2: _____
City: _____ State: _____ Zip: _____
Office Phone: _____
Job Title: _____
Dates of Employment (Month/Year) From: _____ To: _____
Name & Title of Supervisor: _____

PREVIOUS EMPLOYER 2 (if applicable)

Agency Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Office Phone: _____

Job Title: _____

Dates of Employment (Month/Year)

From: _____ To: _____

Name & Title of Supervisor: _____

DIRECTIONS TO SUBMIT

- Submit completed application, along with a copy of the following: [1] official job description.
- Sign and date application below. A supervisor must also sign and date the application.
- Mail application to:

ALTIST Governmental Tax Analyst Program
Government & Economic Development Institute
213 Extension Hall
Auburn University AL 36849-5225

SIGNATURES:

I certify that I am the applicant's supervisor and that the applicant has at least two years of satisfactory experience in performing audits, reviews, or assessments in tax and/or licensing on behalf of a public entity.

Supervisor's Signature: _____ **Date:** _____

Applicant's Signature: _____ **Date:** _____