CFM® Application

EMPLOYMENT AFFIDAVIT FORM AND SUPERVISOR OR PERSONAL REFERENCE

*If you have no supervisor, a personal reference is required to complete this section.

Applicant Name: _____

Applicant Address: _____
Street

_____ _____ _____
City State Zip

The person certifying to his/her knowledge of the experience of the individual above shall complete the information below.

I, _____ , (Supervisor or Personal Reference) certify I have supervised/employed or have known the above listed applicant and know of my own knowledge said person was employed as follows and his/her regularly assigned duties included floodplain management and other duties pertaining to the National Flood Insurance Program:

Name of Employer or Personal Reference: _____

Supervisor or Personal Reference Job Title: _____ Length of Service: _____

Other means of employment: ___ Self-Employed ___ Independent Contractor

Employer (or Personal Reference) Address: _____
Street

_____ _____ _____
City State Zip

Reference Phone: _____ Reference Fax: _____

Applicant's Length of Employment: From(Month/Day/Year) _____ To: _____

Applicant's Job Title: _____

Briefly describe job responsibilities of applicant. _____

_____

_____

_____

_____

Please check any of the following activities which above applicant participates in or has responsibility for:

___ Building Code Enforcement
___ Building Inspection
___ Community Rating System
___ Emergency Management
___ Environmental Management
___ Floodplain Management
___ Hazard Mitigation
___ Health Codes
___ Multi-Objective Management
___ On-Site Septic Systems
___ Planning Review
___ Stormwater Management
___ Subdivision Review
___ Water & Wastewater Systems
___ Zoning Enforcement

Other (please list): _____

Check type of establishment or office in which work is/was performed:

___ City Government
___ County Government
___ State or Federal Agency
___ Other, specify: _____

Percentage of time applicant works or worked in floodplain management duties: _____

Other Comments or Pertinent Information: _____

SUPERVISOR'S OR PERSONAL REFERENCE'S STATEMENT

On this _____ day of _____ , 20 ___ , in _____ , (City) Oklahoma,

I, _____ , do hereby certify that to the best of my knowledge, the above information and statements made by me about said applicant are true and correct.

_____

Signature of Supervisor or Personal Reference