

Employee Verification of Qualifications

NHTD Waiver
 TBI Waiver

Employee to Provide the Waiver Service

Waiver Service Provider Name

Waiver Service You Are Applying For

Waiver Service Position (If Applicable, i.e. SC Supervisor)

Waiver Service Provider Address

City

State

ZIP

Telephone Number

I have submitted my resume and supporting documents which accurately reflects my education and work experience.

Employee Signature

Date

This individual has met the eligibility criteria for this position in the following manner:

Education:

A copy of this individual's Diploma or official sealed transcript License/Certificate is attached to this form

Experience:

This individual's experience, relevant to this position, is highlighted on his/her attached resume.

(Please circle this person's relevant experience on the attached resume for quick reference for the interviewers).**

I have interviewed this individual and reviewed his/her resume. I verified his/her education, required licensures and work experience. Per waiver eligibility criteria, this individual is qualified to provide waiver services in the above-named position and has been hired as an employee of our agency.

Waiver Service Provider Representative

Title

Signature

Date