



Professional Grooming Credential Employment Eligibility Statement

Candidate's Name: _____
(Last) (First) (Middle Initial)

Candidate's Address: _____
(Street Address/PO Box)

(City) (State) (Zip)

Candidate's Date of Birth: ____/____/____ Last 4 digits of SS#: ____
(MM) (DD) (YYYY)

As the employer of the above candidate, I acknowledge and attest that this candidate has a minimum of 6 months of verifiable work experience in the grooming field within the last 18 months.

Company Name: _____

Company Address: _____
(Street Address)

(City) (State) (Zip)

Company Phone Number: _____

Company Website/FB: _____

Candidate's Dates of Employment: _____
(Start Date) (End Date)

Employer Printed Name: _____

Employer Title: _____

Employer Email: _____

Employer Signature: _____ Date: _____