Sanitarian Experience

Date _____

I hereby affirm that the below statements are true in every respect.

Name(Print)_____ Signature_____

Supervisors Name _____ Signature_____

Full time as sanitarian - 1 line per employer – need 2 years experience. Part time as sanitarian –1 line per week of employment to point of having minimum experience requirements–4160 hours.

EMPLOYER NAME AND LOCATION	DATE		Full Time (X)	Part Time (X)	Hrs.Worked Part time
	FROM	TO			

Page Total hours _____

Total from Previous Pg(s) _____

Total Hours: _____

Attach Additional Sheets as Needed

Page ____of____