

ST. LOUIS COUNTY, MISSOURI  
DEPARTMENT OF PUBLIC WORKS- BOARD OF ELECTRICAL EXAMINERS  
41 S. Central Ave., St. Louis MO 63105  
E-Mail: [electricallicensing@stlouisco.com](mailto:electricallicensing@stlouisco.com) Phone: 314-615-4591

**AFFIDAVIT OF EMPLOYMENT EXPERIENCE**

*(Before beginning, make a copy of this blank page for each of the applicant's employers)*

**\*\* NOTE: This page is to be completed by the applicant's EMPLOYER, not the applicant. \*\***

**\*\*All blank lines MUST be completed, all signatures must be originals \*\***

PLEASE TYPE, OR PRINT CLEARLY

Applicant's Full Name: \_\_\_\_\_

Last 4 Digits of Social Security # SSN: \_\_\_\_\_ Employment from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**APPLICANT MUST SUBMIT W-2 COPIES REPRESENTING 6 - 10 MOST RECENT YEARS OF ABOVE TIME PERIOD**

Number of hours employed in each type of electrical, or communications, wiring installation work:

Residential: \_\_\_\_\_ hours

Commercial: \_\_\_\_\_ hours

Industrial Construction: \_\_\_\_\_ hours

TOTAL \_\_\_\_\_ hours

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_(\_\_\_\_)\_\_\_\_\_ Fax (if known): \_\_\_(\_\_\_\_)\_\_\_\_\_

If you worked under the supervision of a licensed contractor, complete these 3 blank lines:

Person's Name: \_\_\_\_\_ License # \_\_\_\_\_ Issued by: \_\_\_\_\_

**Describe in detail the type and scope of applicant's job duties. This page must be signed in the presence of a Notary Public. If separate sheet is used for the job description, it must also be signed in presence of Notary, who must duplicate Notary statement below and affix stamp or seal.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby declare that above and foregoing employment history regarding this applicant is true and correct to the best of my knowledge. I have signed any additional pages in the presence of a Notary.

\_\_\_\_\_  
Employer's signature (*original*)

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Printed title

Statement: This document signed by \_\_\_\_\_ in my presence on \_\_\_\_/\_\_\_\_/20\_\_\_\_.  
His/her identity (*check 1*) \_\_\_ known to me, or \_\_\_ confirmed by current, valid official photo identification.

\_\_\_\_\_  
Notary Public (*original signature*)

**NOTARY SIGNATURE, STAMP OR SEAL MUST APPEAR ON THIS ONE-PAGE AFFIDAVIT, PAGE 3**