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# Applicant Attestation Supervised Work Experience

## Applicant Information

<b>Name</b>		<b>ARIDO Member #</b>	
<b>E-mail</b>		<b>Telephone</b>	

## Supervised Work Settings

### Work Setting #1

<b>Supervisor Name</b>		<b>Firm Name</b>	
<b>Title</b>		<b>Firm Address</b>	
<b>Type of Supervisor</b>	<input type="checkbox"/> Work Supervisor <input type="checkbox"/> Mentor		
<b>Type of Firm</b>	<input type="checkbox"/> Interior Design Firm <input type="checkbox"/> Corporate in-house <input type="checkbox"/> Architecture Firm <input type="checkbox"/> Other: <input style="width: 50px;" type="text"/>	<b>Industry Sector(s)</b>	<input type="checkbox"/> Health Care <input type="checkbox"/> Hospitality <input type="checkbox"/> Institutional <input type="checkbox"/> Government <input type="checkbox"/> Residential <input type="checkbox"/> Retail <input type="checkbox"/> Corporate/Office <input type="checkbox"/> Other: <input style="width: 50px;" type="text"/>
	<b>Your Position</b>		
<b>Work Period</b>	From: <input style="width: 80px;" type="text"/>	To: <input style="width: 80px;" type="text"/>	

### Work Setting #2

<b>Supervisor Name</b>		<b>Firm Name</b>	
<b>Title</b>		<b>Firm Address</b>	
<b>Type of Supervisor</b>	<input type="checkbox"/> Work Supervisor <input type="checkbox"/> Mentor		
<b>Type of Firm</b>	<input type="checkbox"/> Interior Design Firm <input type="checkbox"/> Corporate in-house <input type="checkbox"/> Architecture Firm <input type="checkbox"/> Other: <input style="width: 50px;" type="text"/>	<b>Industry Sector(s)</b>	<input type="checkbox"/> Health Care <input type="checkbox"/> Hospitality <input type="checkbox"/> Institutional <input type="checkbox"/> Government <input type="checkbox"/> Residential <input type="checkbox"/> Retail <input type="checkbox"/> Corporate/Office <input type="checkbox"/> Other: <input style="width: 50px;" type="text"/>
	<b>Your Position</b>		
<b>Work Period</b>	From: <input style="width: 80px;" type="text"/>	To: <input style="width: 80px;" type="text"/>	

## Supervised Work Settings - continued

### Work Setting #3

<b>Supervisor Name</b>		<b>Firm Name</b>	
<b>Title</b>		<b>Firm Address</b>	
<b>Type of Supervisor</b>	<input type="checkbox"/> Work Supervisor <input type="checkbox"/> Mentor		
<b>Type of Firm</b>	<input type="checkbox"/> Interior Design Firm <input type="checkbox"/> Corporate in-house <input type="checkbox"/> Architecture Firm <input type="checkbox"/> Other: <input style="width: 100px;" type="text"/>	<b>Industry Sector(s)</b>	<input type="checkbox"/> Health Care <input type="checkbox"/> Hospitality <input type="checkbox"/> Institutional <input type="checkbox"/> Government <input type="checkbox"/> Residential <input type="checkbox"/> Retail <input type="checkbox"/> Corporate/Office <input type="checkbox"/> Other:
<b>Your Position</b>		<b>Responsibilities</b>	
<b>Work Period</b>	From: <input style="width: 150px;" type="text"/> To: <input style="width: 150px;" type="text"/>		

### Work Setting #4

<b>Supervisor Name</b>		<b>Firm Name</b>	
<b>Title</b>		<b>Firm Address</b>	
<b>Type of Supervisor</b>	<input type="checkbox"/> Work Supervisor <input type="checkbox"/> Mentor		
<b>Type of Firm</b>	<input type="checkbox"/> Interior Design Firm <input type="checkbox"/> Corporate in-house <input type="checkbox"/> Architecture Firm <input type="checkbox"/> Other: <input style="width: 100px;" type="text"/>	<b>Industry Sector(s)</b>	<input type="checkbox"/> Health Care <input type="checkbox"/> Hospitality <input type="checkbox"/> Institutional <input type="checkbox"/> Government <input type="checkbox"/> Residential <input type="checkbox"/> Retail <input type="checkbox"/> Corporate/Office <input type="checkbox"/> Other: <input style="width: 100px;" type="text"/>
<b>Your Position</b>		<b>Responsibilities</b>	
<b>Work Period</b>	From: <input style="width: 150px;" type="text"/> To: <input style="width: 150px;" type="text"/>		

### Attestation

By signing this form, I attest that the information provided on this form and in my application materials are an accurate record of my Supervised Work Experience in Interior Design.

Signature: \_\_\_\_\_

Date: