



**Phone: 512/459-3124**

**FAX: 512/459-7124**

**WORK EXPERIENCE:** List your present or most recent job first. Attach additional sheets if necessary.

From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Describe your duties in detail: \_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE:** List your present or most recent job first. Attach additional sheets if necessary.

From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Describe your duties in detail: \_\_\_\_\_

\_\_\_\_\_

**TRAINING CREDITS:** List training credits which is approved for L.A.S. certification. Attach additional sheets if necessary. All training listed is subject to verification by T.W.U.A.

Provider of Course	Course Title	Location	Date	Hours

**AFFIDAVIT:** I hereby certify that this application and any attachments contain no willful or negligent misrepresentation or falsification and that all information is true, accurate, and complete. I understand that any misrepresentation or falsification may result in rejection of my application or in revocation of any certificate issued as a result of this application.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_