

EXPERIENCE

Please list below, in chronological order, all places of employment, starting with your current employer or employment.

Provide the name, address, and telephone number of someone familiar with your work for each employment, preferably the person to whom you reported. List first, your current employer. If you are/were self-employed, give the name and address of someone familiar with your work. Individuals listed may be contacted; therefore, it is important that you furnish a complete mailing address and zip code, and a telephone number.

DATES	EMPLOYMENT	TIME				NAME, TELEPHONE NUMBER AND PRESENT ADDRESS OF PERSON WHO CAN VERIFY EMPLOYMENT OR UNEMPLOYMENT
		NON-ENGINEERING		ENGINEERING		
		Yrs.	Mos.	Yrs.	Mos.	
1. Month Year From To	Company Name _____ Address _____ Position Held _____					
2. Month Year From To	Company Name _____ Address _____ Position Held _____					
3. Month Year From To	Company Name _____ Address _____ Position Held _____					
4. Month Year From To	Company Name _____ Address _____ Position Held _____					
5. Month Year From To	Company Name _____ Address _____ Position Held _____					
6. Month Year From To	Company Name _____ Address _____ Position Held _____					
7. Month Year From To	Company Name _____ Address _____ Position Held _____					
		Total Time This page				

DATES		EMPLOYMENT	TIME				NAME, TELEPHONE NUMBER AND PRESENT ADDRESS OF PERSON WHO CAN VERIFY EMPLOYMENT OR UNEMPLOYMENT
			NON-ENGINEERING		ENGINEERING		
			Yrs.	Mos.	Yrs.	Mos.	
8.	Month Year	Company Name _____ Address _____ Position Held _____					
From							
To							
9.	Month Year	Company Name _____ Address _____ Position Held _____					
From							
To							
10.	Month Year	Company Name _____ Address _____ Position Held _____					
From							
To							
11.	Month Year	Company Name _____ Address _____ Position Held _____					
From							
To							
12.	Month Year	Company Name _____ Address _____ Position Held _____					
From							
To							
13.	Month Year	Company Name _____ Address _____ Position Held _____					
From							
To							
14.	Month Year	Company Name _____ Address _____ Position Held _____					
From							
To							
15.	Month Year	Company Name _____ Address _____ Position Held _____					
From							
To							
			Total Time This Page				
			Total of All TIME				

3. AFFIDAVIT

I affirm that I am the applicant named in the foregoing instrument, that I have read the contents thereof, and that the foregoing statements are true and complete in all respects.

IMPORTANT: Application fees are not refundable. If for any reason you are unable to attend the designated exam session, you must notify the SPE office as soon as possible. You can request to be assigned to the next available exam session on the schedule. Candidates that pass the exam and become certified are subject to an annual renewal fee.

Signature of Applicant

Date

Preferred Exam Session (date and location) _____

APPLICATIONS should be forwarded to the attention of the following:

SPE Americas Office

222 Palisades Creek Drive
Richardson, Texas 75080
United States of America

Telephone: +972.952.9452
Facsimile: +972.952.9435
Email: twhipple@spe.org

6. RECORD OF THE SPE (This space for SPE Use Only)

Certification Fee: _____

Date Application and Fee Accepted: _____

