

The Fiber Optic Association, Inc.

Tel: 1-760-451-3655 Fax: 1-781-207-2421
 Email: info@thefoa.org http://www.TheFOA.org

Verification of Work Experience

Name _____ Title _____

Company (if applicable) _____

Street _____

City _____ State _____ Zip _____

Phone _____ email _____

Employment History (copy/paste this section for each job held – attach extra pages as needed)

Job Title:	
Company Name:	
Company Full Address: Required	
Start/end dates:	
Name of Supervisor: Required	
Supervisor Email: Required	
	Describe your responsibilities (choose the categories that apply):
Termination	
Splicing	
Pulling cable	
Restoration	
Testing	
List test equip. used:	
Troubleshooting	
Planning/designing networks	
Creating documentation	
Other:	
Fiber Optic Training	Describe the training – online or classroom? Did it include hands-on exercises? Did you get a certification?