

EMPLOYMENT VERIFICATION

Please use a separate form for each period of full-time or part-time employment

APPLICANT

Please complete ALL numbered items. The release authorization (item 9 and 10) must be signed and dated BEFORE sending the form to your daily supervisor to complete items A-H. IDP applicants must complete the IDP Training Unit Report on the next page.

1. CSB File No _____ 2. Applicant's name _____

3. Current address _____ City _____ State/Prov. _____ ZIP/PC _____

4. Name of organization where previously or currently employed: _____

5. Organization's address during reporting period: _____

City _____ State/Province/Country _____ ZIP/PC _____

6. Reporting period: From ____/____/____ to ____/____/____ Hours per week (including overtime): _____
Month Day Year Month Day Year

7. Applicant's status in his/her organization: Contractor Employee Other _____

Job Title: _____

8. Supervised by: President Treasurer Credit Manager Collection Manager
Check one VP Finance/CFO Controller Other _____

I hereby authorize CSB to make inquiries of the person listed below with respect to my background and character. I invite full and complete response to all inquiries. I release said person from any and all claims, including claims for libel and slander, which may arise out of the communication of any information to CSB. I hereby certify that all information I furnish herein or attached hereto is correct.

➔ 9. Applicant's Signature: _____ 10. Date: _____

SUPERVISOR

The applicant's DAILY SUPERVISOR at the referenced organization must complete this portion of the form.

Daily Supervisor: Please complete ALL lettered items. Use separate sheet if required.

A. Supervisor's name _____

B. Current address _____ City _____ State/Prov. _____ ZIP/PC _____

Phone number _____ E-mail _____

C. Is all information shown in items 1 – 8 correct? ___Yes ___No If no, make corrections above or clarify below:

D. Are the experiences correct as shown in item IV on the following page? ___Yes ___No If no, please make corrections where appropriate.

E. Supervisor's Title: _____

F.

| | | | | |
|--|--------------|-----------------|-------------|---|
| To the best of your knowledge, rate the following: | | | | |
| Technical Competence: | ___Excellent | ___Satisfactory | ___Marginal | ___Unsatisfactory* ___Not qualified to answer |
| Professional Conduct: | ___Excellent | ___Satisfactory | ___Marginal | ___Unsatisfactory* ___Not qualified to answer |
| *written explanation required | | | | |

I hereby certify that all information furnished herein or attached hereto is correct.

➔ G. Supervisor's Signature: _____ H. Date: _____

IDP COUNSELOR OR ADVISOR

The IDP Counselor or Advisor does not verify IDP Training Units. The daily supervisor may serve as counselor or advisor.

IDP Counselor or Advisor's name _____ Telephone Number _____

IDP Counselor or Advisor's place of employment _____ Email Address _____

Falsifying Employment Verification or IDP Training Unit Reports is unethical, illegal, and subject to disciplinary action.

IDP TRAINING UNIT REPORT

IDP applicants must complete items I – IV below in addition to items 1 – 10 and section titled “ IDP Counselor or Advisor” on the Employment Verification form. Accurate start and end dates in item III are mandatory. Report period dates may not overlap with other report periods. Do not project any training activities beyond the reporting period. Your daily supervisor must verify all activities.

I. CSB File No: _____ II. Name _____

III. Reporting period: From _____ / _____ / _____ to _____ / _____ / _____ Hours per week (including overtime): _____
 Month Day Year Month Day Year

IV. Indicate the IDP Training Units earned in each Category during the above period. One Training Unit equals eight hours of acceptable experience. Twenty (20) Training Units per month are typical for full-time employment (35 hours / week minimum). Please limit decimal notation to two places.

| <u>Category A: Core Competency</u> Certified Credit Professional (CCP) | IDP Experience | Supplementary Education ¹ |
|--|-------------------|---|
| 1. Credit Analysis..... | _____ | _____ |
| 2. Finance Statements Review..... | _____ | _____ |
| 3. Credit Reporting Review..... | _____ | _____ |
| 4. Credit Limit Establishment..... | _____ | _____ |
| 5. Credit Limit Management..... | _____ | _____ |
| 6. Risk Analysis..... | _____ | _____ |
| 7. Credit File Establishment and Maintenance (SOX)..... | _____ | _____ |
| 8. Credit Application Processing..... | _____ | _____ |
| SUB TOTAL | _____ | _____ |
| | | |
| <u>Category B: Core Competency</u> Certified Professional Collector (CPC) | | |
| 9. Account Analysis..... | _____ | _____ |
| 10. Deduction Resolution..... | _____ | _____ |
| 11. Customer Collections..... | _____ | _____ |
| 12. Collection Forecasting..... | _____ | _____ |
| 13. Collection Legal..... | _____ | _____ |
| 14. Manage Accounts Placed For Collection..... | _____ | _____ |
| SUB TOTAL | _____ | _____ |
| | | |
| <u>Category C: Advanced Competency</u> Certified Credit Professional & Certified Professional Collector (CCP & CPC) | | |
| 15. Contract Review..... | _____ | _____ |
| 16. Customer Visitations..... | _____ | _____ |
| 17. Distributor Agreements..... | _____ | _____ |
| 18. Sales Rep Agreements..... | _____ | _____ |
| 19. International Credit Review..... | _____ | _____ |
| 20. International Collections..... | _____ | _____ |
| SUB TOTAL | _____ | _____ |
| | | |
| <u>Category D: Management</u> Certified Credit Professional (CCP) | | |
| 21. Credit Policy Review..... | _____ | _____ |
| 22. Credit Department Administration..... | _____ | _____ |
| 23. Supervision..... | _____ | _____ |
| SUB TOTAL | _____ | _____ |
| | | |
| <u>Category E: Management</u> Certified Professional Collector (CPC) | | |
| 24. Collection Policy Review..... | _____ | _____ |
| 25. Collection Department Administration..... | _____ | _____ |
| 26. Supervision..... | _____ | _____ |
| SUB TOTAL | _____ | _____ |
| | | |
| <u>Category F: Related Activities</u> Certified Credit Professional & Certified Professional Collector (CCP & CPC) | | |
| 27. Professional & Community Service..... | _____ | _____ |
| 28. Board of Directors Service..... | _____ | _____ |
| 29. Industry Credit Group Participation..... | _____ | _____ |
| 30. Committee and Advisory Board Appointments..... | _____ | _____ |
| SUB TOTAL | _____ | _____ |
| | | |
| <u>Category G: Supplemental Education</u> | | |
| 31. Training Seminars and Programs..... | _____ | _____ |
| 32. Accounting, Credit, Collection, Credit Law- Class..... | _____ | _____ |
| SUB TOTAL | _____ | _____ |
| TOTAL | _____ | _____ |

IDP TRAINING UNIT REPORT Page 2

DIARY

Please list any changes of employment status, supplementary education activities, etc:

¹ List any supplementary education in Diary. To receive credit for training programs and seminars, provide copies of Certificates of Completion and / or CEU attendance records.

Falsifying Employment Verification or IDP Training Unit Reports is unethical, illegal, and subject to disciplinary action.

American Society

ASCCP

Credit & Collection Professionals

FORM 123 INSTRUCTION CHECKLISTS

Applicants! Refer to this checklist after completing the form.

To ensure timely processing, double-check that you have followed all instructions.

Yes___ No___ Does this form have an original signature from you and your supervisor? CSB cannot accept photocopied signatures.

Yes___ No___ Have you signed and dated this form? You must sign and date the form **before** giving it to your supervisor for verification. Your supervisors should then mail the completed form directly to CSB. Be sure to give your supervisor the return envelope we have provided.

Yes___ No___ Have you reminded your supervisor of the importance of completing item **F** with his or her date of initial registration (including foreign employers)?

Yes___ No___ Did you include overtime work in your Training Unit totals? If so, you should indicate **total** hours worked per week (including overtime) in items **6** and **III**.

Yes___ No___ Did you project the number of Training Units you will earn beyond the date your supervisor will sign the form? If so, be aware that **projected Training Units will not be accepted**. Item **I** from the Supervisor's section must be dated **after** the reported date in item **III**.

Yes___ No___ Did you a separate Form for each employment status change (part-time, full-time, relocation to out-of-state branch office, new employer, etc.)?

Yes___ No___ If you are employed on a contractual basis, have you provided a letter indicating the extent to which you are/were subject to the direct and daily supervision and control of your supervisor?

Yes___ No___ Have you indicated your IDP Counselor or Advisor's name, employer, telephone number, and e-mail address? Your daily supervisor may serve as your counselor or advisor.

Supervisors! Refer to this checklist after completing the form

Yes___ No___ Have you carefully reviewed item **1-11** of the Employment Verification section and **I-IV** of the IDP Training Unit Report section of this form (if applicable)?

Yes___ No___ Have you completed items **A-H** of the Employment Verification section of this form?

Yes___ No___ Sign and date the form, make a photocopy for your records, and mail original to CSB

Business Credit Management Association Credentialing Standards Board
15755 W, Rogers Drive Ste 200
P.O Box 510157
New Berlin, WI | 53151-0157