



# American Culinary Federation Employment Documentation Form

American Culinary Federation, Inc. • 180 Center Place Way • St. Augustine, FL 32095 • Toll-free: (800) 624-9458 • Fax: (904) 940-0742 • www.acfchefs.org

The certification program of American Culinary Federation, Inc. (ACF) recognizes those individuals who have demonstrated that they meet the minimum standards set for each level of certification. Those who earn certification are viewed as highly competent, respected professionals who are knowledgeable in their positions.

Please complete the information below on behalf of the individual applying for certification. Acceptance into the ACF certification program is, in part, contingent on documentation and verification of past and present employment.

### PLEASE TYPE OR PRINT CLEARLY

To: The ACF Certification Commission Date: \_\_\_\_\_

This letter will verify that \_\_\_\_\_ was employed by this establishment from \_\_\_\_\_ to \_\_\_\_\_.

His/Her official position/title during this period was \_\_\_\_\_, and he/she supervised a minimum of \_\_\_\_\_ full-time personnel in the performance of food preparation responsibilities.

### DUTIES AND RESPONSIBILITIES

I attest that the above information is true and understand that any misinformation provided may adversely affect the candidacy of stated certification applicant.

Printed Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**A blank copy of this form should be sent to each employer.**