



# ASID INTERIOR DESIGN WORK EXPERIENCE FORM

(To be completed by **Associate membership applicants only**)

## Section I: To be completed by applicant

\_\_\_\_\_  
 Last name First name Middle initial

I am submitting a total number of \_\_\_\_\_ ASID Work Experience Forms to document at least six years of full-time interior design work experience (photocopy forms as necessary and specify the amount on bottom of page). Please note: Forms must be completed by representatives from at least two of the four relationship categories in listed in section A below.

## Section II: To be completed by representative verifying interior design work experience

Please complete the following information in order to verify the applicant's interior design work experience and return form back to the applicant. ASID reserves the right to contact you directly to confirm any of the below stated work experience. Your information will not be released by ASID for any other purpose.

\_\_\_\_\_  
 Last name First name

\_\_\_\_\_  
 Email Address Phone Number

\_\_\_\_\_  
 Address City State Zip

### A. Relationship Category: Please select your relationship to applicant

- Current ASID Interior Designer: \_\_\_\_\_ ID Number
- Current ASID Industry Partner Representative Member: \_\_\_\_\_ ID Number
- Current Employer or Past Employer: \_\_\_\_\_ Name of Business Website
- Current or Past Client \_\_\_\_\_

### B. I personally verify the applicant's following amount of full-time interior design work experience (please list in month/year):

\_\_\_\_\_  
 Start Date End Date

### C. I personally verify that the applicant's completed work contained some or all of the below tasks (please check all that apply):

- Administration of Drawings
- Cabinetry
- Finishes
- Fixtures
- Furnishings
- Lighting location and type
- Materials
- Non-load bearing partitions
- Preparation of Drawings
- Preparation of Schedules
- Space Planning
- Other (please specify): \_\_\_\_\_

\_\_\_\_\_  
 Signature Date