

## ASID Interior Design Work Experience Form

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

### Section I: To be completed by applicant

FIRST NAME

MIDDLE INITIAL

LAST NAME

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.

FIRST NAME

LAST NAME

EMAIL ADDRESS

PHONE NUMBER

ADDRESS (HOME/OFFICE)

CITY

STATE

ZIP

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

- Current ASID Interior Designer: \_\_\_\_\_  
Name/ ASID iD NUMBER
- Current ASID Industry Partner Representative Member: \_\_\_\_\_  
iName/ ASID iD NUMBER
- Current Employer or Past Employer: \_\_\_\_\_  
Name
- Current or Past Client: \_\_\_\_\_  
Name

#### 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):

- |   |  |
|---|--|
| <input type="checkbox"/> Administration of Drawings | <input type="checkbox"/> Materials                     |
| <input type="checkbox"/> Cabinetry                  | <input type="checkbox"/> Non-load bearing partitions   |
| <input type="checkbox"/> Finishes                   | <input type="checkbox"/> Preparation of Drawings       |
| <input type="checkbox"/> Fixtures                   | <input type="checkbox"/> Preparation of Schedules      |
| <input type="checkbox"/> Furnishings                | <input type="checkbox"/> Space Planning                |
| <input type="checkbox"/> Lighting location and type | <input type="checkbox"/> Other (please specify): _____ |

SIGNATURE

DATE