

ACF Employment Documentation Form



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 REPSONSIBILITIES

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

Signature: _____

Printed Name: _____

Title: _____ Daytime Phone: _____

Name of Establishment: _____

Establishment Address: _____

A BLANK COPY OF THIS FORM SHOULD BE SENT TO EACH EMPLOYER.