

**JOB FUNCTION AND EMPLOYER'S STATEMENT**



*Turning Jobs  
Into Careers*

**Certification Department**

10502 NW Ambassador Drive  
PO Box 20404  
Kansas City MO 64195-0404  
Tel 816.891.6600 x2248, 2225 or 2227  
Fax 816.891.9118 or 816.801.1378  
Email: certification@iaap-hq.org

**PLEASE TYPE OR PRINT LEGIBLY**

**To be submitted with application  
to verify experience required.**

Name, current address, and telephone number  
of employer:

\_\_\_\_\_  
Name of CPS or CAP Applicant

\_\_\_\_\_  
Social Security Number (optional)

\_\_\_\_\_  
Complete Address of CPS or CAP Applicant

\_\_\_\_\_  
Name while Employed

Your cooperation is needed so that I may submit my application to take the Certified Professional Secretary or Certified Administrative Professional Examination.

The Institute for Certification requests verification of my experience and the duties I perform(ed). My comments are made where applicable, and to the best of my ability I have supplied pertinent information regarding my position. If I have made an error, it is not intentional. The facts indicated by you and/or your company records should be accepted as official.

I appreciate you completing the employer's portion of this form and returning it to me promptly.

\_\_\_\_\_  
Signature of Applicant

**EMPLOYER'S STATEMENT**

Please complete all questions in this section.

A. Administrative professionals are defined by IAAP as  
"individuals who are responsible for administrative tasks and coordination of information in support of an office-related environment and who are dedicated to furthering their personal and professional growth in their chosen profession."

B. Name of firm where employed:

	<u>Applicant's Statement</u>	<u>Employer's Verification</u>	
	From (month, day, year) To	(initial)	

C. Employed in an administrative position by your firm \_\_\_\_\_ - \_\_\_\_\_

D. Employed as your secretary/admin Full-time \_\_\_\_\_ - \_\_\_\_\_

Part-time \_\_\_\_\_ - \_\_\_\_\_

If part-time, how many hours per week? \_\_\_\_\_

**Employers, please initial confirmation of dates provided in Sections C and D, complete Sections E-G (page 6), and sign and date this form.**

**TO BE COMPLETED BY EMPLOYER**

E. All of these duties do not apply to all administrative positions. Those listed are merely examples of the types of duties performed under the Job Functions listed. Please check below job functions performed by applicant.

<b>JOB FUNCTIONS</b>	<b>Frequently</b>	<b>Occasionally</b>	<b>Never</b>
Interpersonal Communications (phone calls, direct visitors, update management, etc.)			
Written Communication (compose correspondence, edit documents, respond to e-mail, etc.)			
Information Distribution (communicate office policies and procedures, etc.)			
Document Production (create documents using word processing, spreadsheet, presentation software, etc.)			
Scheduling and Planning (maintain calendar, schedule appointments/meetings, etc.)			
Records Management (set up/maintain/update file system, etc.)			
Financial Records Management (budgeting, invoices, financial software, etc.)			
Meeting Management (arrange meetings, facility contracting, travel arrangements, etc.)			
Managing Physical Resources (inventory/order supplies, etc.)			
Conducting Research (gather information for reports/managers, etc.)			
Supervising and Managing Human Resources (prioritize staff work, train others, personnel, etc.)			
Leadership (serve as team leader, develop liaisons [internal and external], conduct meetings, etc.)			
Computer Hardware, Systems, and Configuration (execute basic commands on an operating system, back-ups, networking, etc.)			

F. If there are (were) other major duties performed, please list below. Also, include any additional comments you may wish to make concerning applicant's performance.

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G. If you are (were) not the applicant's immediate supervisor, please state circumstances and relationship.

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Date \_\_\_\_\_ Signed \_\_\_\_\_

Name \_\_\_\_\_

Please Type or Print Legibly

Title \_\_\_\_\_

Name of Firm \_\_\_\_\_

Business Phone Number (\_\_\_\_) \_\_\_\_\_

Business Fax Number (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_