

**JOB FUNCTION AND EMPLOYER'S STATEMENT**



Certification Department  
10502 NW Ambassador Drive  
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Kansas City MO 64195-0404  
Tel 816.891.6600  
Fax 816.891.9118  
Email: cps@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

\_\_\_\_\_  
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 performed. 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. An administrative professional is defined by IAAP as  
"an individual who possesses a mastery of office skills, demonstrates the ability to assume responsibility without direct supervision, exercises initiative and judgment, and makes decisions within the scope of assigned authority."

B. Name of Firm where employed: \_\_\_\_\_

	_____ Applicant's Statement	_____ Employer's Verification
	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.

JOB FUNCTIONS	Frequently	Occasionally	Never
Interpersonal Communications (phone calls, direct visitors, update management, etc.)			
Written Communication (compose routine correspondence, edit documents, etc.)			
Information Distribution (compose/send e-mail, open/process mail, etc.)			
Document Production (key/revise documents, using software, etc.)			
Scheduling and Planning (maintain calendar, schedule appointments/meetings, etc.)			
Records Management (maintain/update file system, etc.)			
Financial Records Management (budgeting, invoices, financial software, etc.)			
Meeting Management (arrange meetings, facility contracting, etc.)			
Equipment/Supplies Procurement and Inventory Management (inventory/order supplies, etc.)			
Information Gathering (gather information for reports/managers, etc.)			
Supervising and Managing Human Resources (prioritize staff work, train, personnel, etc.)			

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

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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 \_\_\_\_\_