



NATIONAL ASSOCIATION COUNTY VETERANS SERVICE OFFICERS
25 Massachusetts Ave, NW, Suite 500
Washington, DC 20001

Employment Verification Form

To be used when requesting VA/OGC accreditation through NACVSO		
Name & Title:		
Employers Name:		
Office Address	Phone Number:	
Date of Employment:	NACVSO Membership Number:	
Your email address:		
Information below is to be fill out by your Employer's Human Resources Office		
Is the named above a paid employee with your county named listed above? Please circle one.	Yes	No
Does the named above work more than 1,000 annually? Please circle one.	Yes	No
If not County or State government or another Veterans Service Organization that is recognized by the US Department of Veterans Affairs, please tell us about your company		
Supervisor's printed name:		
Supervisor's signature:	Date:	

This form is required by NACVSO to determine your eligibility of accreditation with the U.S. Department of Department of Veterans Affairs Office of General Counsel.