



NATIONAL ASSOCIATION COUNTY VETERANS SERVICE OFFICERS
660 North Capitol St. NW Suite 400, Washington, DC 20001

Employment Verification Form

Section I To be used when requesting VA/OGC accreditation through NACVSO		
1. Name & Title:		
2. Employer/Organization Name:		
3. Office Address	4. CVSO's Home Address:	
5. Date of Employment:	6. Office Phone Number:	
7. Your email address:		
Section II Information below is to be completed by your Employer's Human Resources Office or Supervisor		
1. Is the named above a paid employee with your county, city or state named listed above?	Yes	No
2. Does the named above work more than 1,000 hours annually?	Yes	No
3. If not County, City or State government or another Veterans Service Organization that is recognized by the US Department of Veterans Affairs, please tell us about your organization.		
Section III I have verified that the employee named in Block 1. is of good character and reputation and has demonstrated an ability to represent claimants before the VA		
Supervisor's Printed Name:		
Supervisor's Email:	Phone #:	
Supervisor's Signature:	Date:	

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