



## Industrial Radiography and Radiation Safety Personnel (IRRSP) Program EMPLOYMENT HISTORY

**Candidate Name:** \_\_\_\_\_ **ASNT ID:** \_\_\_\_\_

Provide the name of the employer, address, contact information, dates of employment, and hours of active participation in performing (RAM - 320 hours; X-Ray - 160 hours; Both - 480 hours) accumulated by category (i.e. RAM or X-Ray) along with applicable documentation. Documentation shall be verified on this form by a current Radiation Safety Officer (RSO) or company personnel officer who has reviewed your radiation employment history. Photocopies of past radiation employment records or other suitable, traceable documentation are also acceptable. **ASNT Certification Services, LLC will review and verify all documentation submitted.**

**Position # 1**    Dates of Employment: \_\_\_\_\_  
Start Date
End Date
Total Time (Months)

\_\_\_\_\_  
 Organization Name

\_\_\_\_\_  
 Employer/Customer Contact Name

\_\_\_\_\_  
 Organization Address

\_\_\_\_\_  
City
State/Province
ZIP/Postal Code
Country

\_\_\_\_\_  
Phone
Fax
E-mail

Category and Hours of Experience (check more than one if applicable):

Radioactive Material (RAM) Hours: \_\_\_\_\_  X-Ray Hours: \_\_\_\_\_

Please provide documentation of employment. Check the appropriate box describing documentation.

Verification \_\_\_\_\_  
Name of Employer or Knowledgeable Verifier (Please Print)

\_\_\_\_\_  
Signature of Employer or Knowledgeable Verifier
Relationship
Date

Other documentation (please describe) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Document additional positions on next page.**



**Industrial Radiography and Radiation Safety Personnel (IRRSP) Program**

**EMPLOYMENT HISTORY**

**Candidate Name:** \_\_\_\_\_ **ASNT ID:** \_\_\_\_\_

**Position # 2** Dates of Employment: \_\_\_\_\_  
Start Date End Date Total Time (Months)

Organization Name

Employer/Customer Contact Name

Organization Address

City State/Province ZIP/Postal Code Country

Phone Fax E-mail

Category and Hours of Experience (check more than one if applicable):

Radioactive Material (RAM) Hours: \_\_\_\_\_  X-Ray Hours: \_\_\_\_\_

Please provide documentation of employment. Check the appropriate box describing documentation.

Verification \_\_\_\_\_  
Name of Employer or Knowledgeable Verifier (Please Print)

Signature of Employer or Knowledgeable Verifier Relationship Date

Other documentation (please describe) \_\_\_\_\_

**Document additional positions on next page.**



**Industrial Radiography and Radiation Safety Personnel (IRRSP) Program**

**EMPLOYMENT HISTORY**

**Candidate Name:** \_\_\_\_\_ **ASNT ID:** \_\_\_\_\_

**Position # 3** Dates of Employment: \_\_\_\_\_  
Start Date End Date Total Time (Months)

Organization Name \_\_\_\_\_

Employer/Customer Contact Name \_\_\_\_\_

Organization Address \_\_\_\_\_

City State/Province ZIP/Postal Code Country

Phone Fax E-mail

Category and Hours of Experience (check more than one if applicable):

Radioactive Material (RAM) Hours: \_\_\_\_\_  X-Ray Hours: \_\_\_\_\_

Please provide documentation of employment. Check the appropriate box describing documentation.

Verification \_\_\_\_\_  
Name of Employer or Knowledgeable Verifier (Please Print)

Signature of Employer or Knowledgeable Verifier Relationship Date

Other documentation (please describe) \_\_\_\_\_

**Document additional positions on next page.**



**Industrial Radiography and Radiation Safety Personnel (IRRSP) Program**

**EMPLOYMENT HISTORY**

**Candidate Name:** \_\_\_\_\_ **ASNT ID:** \_\_\_\_\_

**Position # 4** Dates of Employment: \_\_\_\_\_  
Start Date End Date Total Time (Months)

Organization Name \_\_\_\_\_

Employer/Customer Contact Name \_\_\_\_\_

Organization Address \_\_\_\_\_

City State/Province ZIP/Postal Code Country

Phone Fax E-mail

Category and Hours of Experience (check more than one if applicable):

Radioactive Material (RAM) Hours: \_\_\_\_\_  X-Ray Hours: \_\_\_\_\_

Please provide documentation of employment. Check the appropriate box describing documentation.

Verification \_\_\_\_\_  
Name of Employer or Knowledgeable Verifier (Please Print)

Signature of Employer or Knowledgeable Verifier Relationship Date

Other documentation (please describe) \_\_\_\_\_

**Document additional positions on next page.**



**Industrial Radiography and Radiation Safety Personnel (IRRSP) Program**

**EMPLOYMENT HISTORY**

**Candidate Name:** \_\_\_\_\_ **ASNT ID:** \_\_\_\_\_

**Position # 5** Dates of Employment: \_\_\_\_\_  
Start Date End Date Total Time (Months)

Organization Name \_\_\_\_\_

Employer/Customer Contact Name \_\_\_\_\_

Organization Address \_\_\_\_\_

City State/Province ZIP/Postal Code Country

Phone Fax E-mail

Category and Hours of Experience (check more than one if applicable):

Radioactive Material (RAM) Hours: \_\_\_\_\_  X-Ray Hours: \_\_\_\_\_

Please provide documentation of employment. Check the appropriate box describing documentation.

Verification \_\_\_\_\_  
Name of Employer or Knowledgeable Verifier (Please Print)

Signature of Employer or Knowledgeable Verifier Relationship Date

Other documentation (please describe) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_