

Employee Qualification Statement

Area Class 1.07 – Attitude, Opinion, and Community Value Studies (Public Involvement)

Firm Name: _____

Employee Name: _____

In concise and complete sentences using the format below, please list related projects and describe your work experiences that demonstrate your ability to perform work in Area Class 1.07. List only projects in which you have directly performed Area Class 1.07 work. It also must be shown that the employee has at least three years of experience in collecting and interpreting data as to public opinions, attitudes and community values by means of questionnaires administered by mail, telephone or personal interview, design of questionnaires and the analysis of results **OR** at least one year experience with demonstrated completion of the courses listed below. This would include professional personnel experience in psychology, sociology, statistics, mathematics, demographics and economics. Experience descriptions must be written in the first person and must state work that was *personally completed*. Finally, include a *curriculum vitae* for the employee.

Project Identification number and/or description: _____

Project reference and contact information: _____

Project Responsibilities:

Project Identification number and/or description: _____

Project reference and contact information: _____

Project Responsibilities:

Project Identification number and/or description: _____

Project reference and contact information: _____

Project Responsibilities:

Employee Qualification Statement

Area Class 1.07 – Attitude, Opinion, and Community Value Studies (Public Involvement)

Date Attended	Course Name	Vendor (or an approved substitute)
	NEPA Overview National Highway Institute or FHWA Resource Center	NEPA Overview National Highway Institute or FHWA Resource Center
	Public Involvement National Highway Institute or FHWA Resource Center	Public Involvement National Highway Institute or FHWA Resource Center
	Environmental Procedures Manual- ONLINE COURSE	Georgia Department of Transportation

Under penalty of perjury, I certify that the above information that I have entered is true and accurate.

Signature of Employee

Entering your name in the field above serves as your signature on this document.

Date

① If you encounter any difficulties with submitting this form, you may also send it directly via email. Simply save a copy of your completed form and attach it to an email to consultants_prequals@dot.ga.gov