



SSPC Use Only	
Date Verified Work Ex.	
Date Verified Edu.	

Work Experience Form - SSPC Protective Coating Inspector (PCI) Program

Please complete the following:
Applicant Information

First Name _____ Last Name _____ Middle Initial _____

Date and Location of Training: _____

Check off which process you will be applying for.

		Work Experience
<input type="checkbox"/>	Process A – Take the PCI Course	2 years or 3,000 hrs of coatings inspection experience
<input type="checkbox"/>	Process A – 1 – Take the PCI Course <u>without</u> Formal Training	5 years or 7,500 hrs of coatings inspection experience
<input type="checkbox"/>	Process B – Bypass PCI Course with Formal Training	2 years or 3,000 hrs of coatings inspection experience
<input type="checkbox"/>	Process C – Bypass PCI Course <u>without</u> Formal Training	5 years or 7,500 hrs of coatings inspection experience

SSPC is also requesting on this form that you list three professional references:

	Reference's Name	Company	Title	Business Phone #
1				
2				
3				

Describe your work experience thoroughly, including responsibilities in the charts below.
The responsibilities you list must be coatings inspection related.

Employer		
Title		
Address		
Supervisor's Name & Title		
Supervisor's Telephone	Home:	Work:
	Cell:	
Responsibilities		
Employed	From:	To:
# of hours worked		
Reason for Leaving		

Employer		
Title		
Address		
Supervisor's Name & Title		
Supervisor's Telephone	Home:	Work:
	Cell:	
Responsibilities		
Employed	From:	To:
# of hours worked		
Reason for Leaving		

Employer		
Title		
Address		
Supervisor's Name & Title		
Supervisor's Telephone	Home:	
	Work:	
	Cell:	
Responsibilities		
Employed	From:	To:
# of hours worked		
Reason for Leaving		

***Please fax or e-mail this form to Jeannine Bodack at 412-281-9995/
bodack@sspc.org two weeks prior to your course date.**