

EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include ALL employment. Begin with your current or last position and work back to your first. Employment history should include **each position** held, even those with the same employer.
2. **EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODE.**
3. Answer all questions and completely summarize your experience including technical and managerial responsibilities and any special training, skills and qualifications for each position you have held.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

Name

Last

First

Middle

Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.:						Immediate Supervisor Name: Title: Supervisor's Telephone No.:		Full-Time ☐ Part-Time ☐ Summer ☐ Temp/Project ☐
Starting Date			Leaving Date			Current/ Final Salary	Technical ☐ Non-Managerial ☐ Supervisory/Managerial ☐	Give average # of hours worked per week if part-time:
Mo.	Day	Yr.	Mo.	Day	Yr.	\$	If supervisory, number of employees you supervised:	

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

Specific reason for leaving:

Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.:						Immediate Supervisor Name: Title: Supervisor's Telephone No.:		Full-Time ☐ Part-Time ☐ Summer ☐ Temp/Project ☐
Starting Date			Leaving Date			Current/ Final Salary	Technical ☐ Non-managerial ☐ Supervisory/Managerial ☐	Give average # of hours worked per week if part-time:
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Starting Date			Leaving Date			Current/ Final Salary	Technical ☐	If supervisory, number of employees you supervised:	
Mo.	Day	Yr.	Mo.	Day	Yr.		Non-managerial ☐		
						\$	Supervisory/Managerial ☐		

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Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.:							Immediate Supervisor Name: Title: Supervisor's Telephone No.:		Full-Time ☐ Part-Time ☐ Summer ☐ Temp/Project ☐ Give average # of hours worked per week if part-time:
Starting Date			Leaving Date			Current/ Final Salary	Technical ☐	If supervisory, number of employees you supervised:	
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