

Name

Position applied for

**ADDITIONAL EMPLOYMENT HISTORY**

Please complete each section entirely. List all work experience, paid or unpaid, including military or volunteer experience.

**A resume may not be substituted for employment history.**

<b>A1</b>	Employer	Type of Business	Job Title	
	Employer Address (include city and state)		Employer Phone	
Dates (MM/YYYY)		Supervisor Name/Title	Starting Pay	Final Pay
From	To			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving		
If you supervised employees, please indicate number and give dates.		Check one <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
No.	From (MM/YYYY)	To (MM/YYYY)	Hours/wk:	
Duties/Responsibilities				
Do not write in this area				
		Years	Months	

<b>A2</b>	Employer	Type of Business	Job Title	
	Employer Address (include city and state)		Employer Phone	
Dates (MM/YYYY)		Supervisor Name/Title	Starting Pay	Final Pay
From	To			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving		
If you supervised employees, please indicate number and give dates.		Check one <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
No.	From (MM/YYYY)	To (MM/YYYY)	Hours/wk:	
Duties/Responsibilities				
Do not write in this area				
		Years	Months	

Name

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**ADDITIONAL EMPLOYMENT HISTORY (continued)**

<b>A3</b>	Employer	Type of Business	Job Title
	Employer Address (include city and state)		Employer Phone
Dates (MM/YYYY) From _____ To _____		Supervisor Name/Title	Starting Pay _____ Final Pay _____
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving	
If you supervised employees, please indicate number and give dates. No. _____ From (MM/YYYY) _____ To (MM/YYYY)		Check one <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours/wk: _____	
Duties/Responsibilities			
Do not write in this area _____ Years _____ Months			

<b>A4</b>	Employer	Type of Business	Job Title
	Employer Address (include city and state)		Employer Phone
Dates (MM/YYYY) From _____ To _____		Supervisor Name/Title	Starting Pay _____ Final Pay _____
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Reason for Leaving	
If you supervised employees, please indicate number and give dates. No. _____ From (MM/YYYY) _____ To (MM/YYYY)		Check one <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours/wk: _____	
Duties/Responsibilities			
Do not write in this area _____ Years _____ Months			