



Employer Name		Supervisor's Name and Title	
Address (City & State)		Phone Number	
Job Title (if more than one job held with employer, please list separately)		Starting Salary \$	per
		Ending Salary \$	per
Employed (Mo/Yr)	Separated (Mo/Yr)	Specific Duties Performed:	
Full-Time ____ Yrs. ____ Mos.	Part-Time ____ Yrs. ____ Mos.		
If part-time, average number of hours worked per week:			
Reason for leaving: ("personal", "will discuss" or "to accept new job" not specific enough)			
Did you supervise other employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate number and type of position(s):			

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