



Date Completed _____

Employer Name		Supervisor's Name and Title
Mailing Address		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, number of hours worked per week:		
Reason for leaving:		

Did you supervise other employees? Yes No If yes, indicate # and type of position(s):

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Full-Time ____ Yrs. ____ Mos.	Part-Time ____ Yrs. ____ Mos.	
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Did you supervise other employees? Yes No If yes, indicate # and type of position(s):