

# EMPLOYMENT HISTORY

## Supplemental Form

EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
STARTING DATE: \_\_\_\_\_ STARTING SALARY: \_\_\_\_\_  
ENDING DATE: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_  
AVG. # OF HOURS WORKED/WEEK: \_\_\_\_\_ MAY WE CONTACT EMPLOYER:  YES  NO  
DUTIES AND RESPONSIBILITIES \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

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