

### EMPLOYMENT HISTORY (Continued)

LENGTH OF EXPERIENCE		
Total:	From	To
Years/Mo.	MMM-YY	MMM-YY
<input type="checkbox"/> Full-Time (40 Hrs/Week)      OR <input type="checkbox"/> Part-Time (___ Hrs/Wk)		
Last Month Salary _____		
Reason for Leaving _____		

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Years/Mo.	MMM-YY	MMM-YY
<input type="checkbox"/> Full-Time (40 Hrs/Week)      OR <input type="checkbox"/> Part-Time (___ Hrs/Wk)		
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<input type="checkbox"/> Full-Time (40 Hrs/Week)      OR <input type="checkbox"/> Part-Time (___ Hrs/Wk)		
Last Month Salary _____		
Reason for Leaving _____		

Current or Last Employer _____	Location _____	% of Time
Your Title _____	Supervisor _____	
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
Number and Title(s) of people you supervised _____		
Machines/equipment you used _____		

Current or Last Employer _____	Location _____	% of Time
Your Title _____	Supervisor _____	
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
Number and Title(s) of people you supervised _____		
Machines/equipment you used _____		

Current or Last Employer _____	Location _____	% of Time
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Number and Title(s) of people you supervised _____		
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**Attach additional sheets if necessary. Be sure to include all information requested above.**