

**Work/Volunteer Experience Form – one employer per page** (make additional copies for each experience relevant to the position applying for)

Candidate Name: \_\_\_\_\_  
Last First Middle

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_ Paid Volunteer  
(Month/Day/Year) (Month/Day/Year) (Average)

Name, address & phone number of employer: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

Your job title(s): \_\_\_\_\_

Immediate Supervisor's name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Did you supervise anyone?  Yes  No Number supervised: \_\_\_\_\_ Type of Supervision: \_\_\_\_\_  
(general, direct, lead worker)

Description of duties: \_\_\_\_\_ %  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_ %

**Total amount of time (percentages) should equal (100%)**

**All statements are subject to verification.** Do you have any objection to our contacting present or past employers to verify the above?  Yes  No If yes, comment: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date