

EMPLOYMENT RECORD
Continuation Sheet

Employer: _____					Address: _____						
Job Title: _____					Supervisor's Name: Telephone Number: _____			No. Supervised By You: _____			
Date Employed (mo/yr) _____			Starting salary \$ _____		Ending or Current Salary \$ _____		Reason for leaving _____		May We Contact Employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Date Separated (mo/yr) _____			List major duties in order of their importance in the job: _____								
Full Time	Years _____									Months _____	
Part Time	Years _____									Months _____	
If part time, number of hours worked per week: _____											
Employer: _____					Address: _____						
Job Title: _____					Supervisor's Name: Telephone Number: _____			No. Supervised By You: _____			
Date Employed (mo/yr) _____			Starting salary \$ _____		Ending or Current Salary \$ _____		Reason for leaving _____		May We Contact Employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Date Separated (mo/yr) _____			List major duties in order of their importance in the job: _____								
Full Time	Years _____									Months _____	
Part Time	Years _____									Months _____	
If part time, number of hours worked per week: _____											
Employer: _____					Address: _____						
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