Position: _______________________________________________________
Employer:_______________________________________________________
Address:________________________________________________________
CITY: ________________________ STATE: ________ ZIP CODE: ________

Dates of Employment
FROM: _______________________  TO: _____________________
FULL TIME: ___________ HOURS PER WEEK
PART TIME: ___________ HOURS PER WEEK

SUPERVISOR (if not self-employed): _____________________________________

DESCRIBE ALL RELEVANT DUTIES IN DETAIL (If 100% of your responsibilities were/are NOT related to
the subcode area of licensure sought, and/or building construction or alterations, indicate the
percentage of time that was/is, and obtain certification thereof).

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Position: _______________________________________________________
Employer:_______________________________________________________
Address:________________________________________________________
CITY: ________________________ STATE: ________ ZIP CODE: ________

Dates of Employment
FROM: _______________________  TO: _____________________
FULL TIME: ___________ HOURS PER WEEK
PART TIME: ___________ HOURS PER WEEK

SUPERVISOR (if not self-employed): _____________________________________

DESCRIBE ALL RELEVANT DUTIES IN DETAIL (If 100% of your responsibilities were/are NOT related to
the subcode area of licensure sought, and/or building construction or alterations, indicate the
percentage of time that was/is, and obtain certification thereof).
EXTRA FORM

Position: ___________________________________________________________
Employer: _________________________________________________________
Address: _________________________________________________________
CITY: _______________________ STATE: ________ ZIP CODE: _________

Dates of Employment
FROM: _______________________ TO: _____________________
FULL TIME: ___________ HOURS PER WEEK
PART TIME: ___________ HOURS PER WEEK

SUPERVISOR (if not self-employed): ___________________________________

DESCRIBE ALL RELEVANT DUTIES IN DETAIL (If 100% of your responsibilities were/are NOT related to the subcode area of licensure sought, and/or building construction or alterations, indicate the percentage of time that was/is, and obtain certification thereof).