

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 licensure, indicate the percentage of time that was/is, and obtain certification thereof).

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EXTRA FORM

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

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