

Employment History Continuation Sheet

Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.: ()							Immediate Supervisor Name: Title: Supervisor's Telephone No.: ()			Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project <input type="checkbox"/> Give average # of hours worked per week if part-time:	
Starting Date			Leaving Date			Current/ Final Salary	Technical <input type="checkbox"/> Non-managerial <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/>		If supervisory, number of employees you supervised:		
Mo.	Day	Yr.	Mo.	Day	Yr.		\$				
Summary of experience including special training/skills/qualifications you have used in the performance of this job:											
Specific reason for leaving:											

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