

Work History, Job Number 1

Name of employer		Employers address and phone number
Your job title		Supervisors name and phone number
Kind of business		Supervision / Leadwork <i>Check the areas you were responsible for</i> <input type="checkbox"/> Rating work performance <input type="checkbox"/> Responding to grievances <input type="checkbox"/> Hiring or recommending hiring <input type="checkbox"/> Not responsible for any of the above <input type="checkbox"/> Assigning and reviewing work <input type="checkbox"/> Handling disciplinary problems
From (month-year)	To (month-year)	If you checked any of these boxes, list the number of employees and their job titles:
Total time in current or last position:	Hours worked per week (average)	
Duties (List all duties you performed. No credit will be given if this section is not completed).		

Job Number 2

Name of employer		Employer's address and phone number
Your job title		Supervisor's name and phone number
Kind of business		Supervision / Leadwork <i>Check the areas you were responsible for</i> <input type="checkbox"/> Rating work performance <input type="checkbox"/> Responding to grievances <input type="checkbox"/> Hiring or recommending hiring <input type="checkbox"/> Not responsible for any of the above <input type="checkbox"/> Assigning and reviewing work <input type="checkbox"/> Handling disciplinary problems
From (month-year)	To (month-year)	If you checked any of these boxes, list the number of employees and their job titles:
Total time in current or last position:	Hours worked per week (average)	
Duties (List all duties you performed. No credit will be given if this section is not completed).		

Job Number 3

Name of employer		Employer's address and phone number
Your job title		Supervisor's name and phone number
Kind of business		Supervision / Leadwork <i>Check the areas you were responsible for</i> <input type="checkbox"/> Rating work performance <input type="checkbox"/> Responding to grievances <input type="checkbox"/> Hiring or recommending hiring <input type="checkbox"/> Not responsible for any of the above <input type="checkbox"/> Assigning and reviewing work <input type="checkbox"/> Handling disciplinary problems
From (month-year)	To (month-year)	If you checked any of these boxes, list the number of employees and their job titles:
Total time in current or last position:	Hours worked per week (average)	
Duties (List all duties you performed. No credit will be given if this section is not completed).		

