

ST. TAMMANY FIRE PROTECTION DISTRICT # 1

34780 South Range Road
Slidell, LA 70460



Training Academy: (985) 646-4861 Fax: (985) 646-4883

Employment Application

PLEASE READ THIS DOCUMENT CAREFULLY!

Dear Applicant,

Fire Protection District No.1 is very pleased that you have shown interest in the fire service.

To be considered for employment through this district, you **must** be between the ages of 18 and 40 (entry level Firefighter class only) and pass a written Civil Service exam with a score of 75% or better.

To obtain information on examination dates, contact the State Examiner's Office at (225)925-4567 or through their website www.ose.state.la.us.

- When applying for an examination through this district or transferring your application and examination score into this district, you must submit your paperwork to the address listed above.

A copy of your high school diploma or valid certificate of equivalency issued by a State Department of Education, driver's license and social security card must be submitted along with this application. Any other paperwork you would like an interview committee to review during your interview must also be submitted along with this application.

You **must** sign any and all waivers attached or supplied by the Fire District.

- When applying for an examination through another district, you must submit your application to the department giving the examination.

Once offered employment, you **must** pass a Tabe test (11th grade), psychological evaluation, medical physical, physical agility and a criminal background check.

For additional information concerning applications or examinations, contact Carolyn Gilmore at 985-646-4861.

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POLICY NUMBER: 2007-047 APPROVED BY: Chief Larry Hess
SUBJECT: **Interviewing and Hiring New Employees**
EFFECTIVE DATE: **November 7, 2002**
REVISION DATE: **July 9, 2008**

Purpose: To provide a policy and procedures for conducting interviews and background checks of applicants for hire. This policy/procedure also covers the hiring of new employees.

Scope: This policy applies to the Hiring Committee, all applicants for hire and new employees.

Policy:

1. All persons seeking employment with St. Tammany Fire Protection District No.1 must submit a completed application for employment. Applicants must meet the following basic requirements in order to complete and file an application with District 1:

- Be at least 18 years of age and no older than 40 years of age at the time of the application.
- Have a current valid state-issued driver's license.
- Have a high school diploma or GED.

In addition to these basic requirements, other requirements may be imposed upon an applicant by the class descriptions for the specific position he/she seeks. Applicants are encouraged to familiarize themselves with those class descriptions.

All applicants must submit the following documentation with their completed application:

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- Copy of valid driver's license.
- Copy of high school diploma or GED.
- Copy of Social Security card.

Louisiana Civil Service Law requires that applicants for promotional or competitive examinations (other than entry-level) must be United States citizens. Employees that falsify information and/or documents relating to their residency or to improperly gain admittance to civil service examinations shall be terminated.

2. After passing the Civil Service Examination or having a valid Civil Service Examination test score transferred, a copy of the application with the test score visibly marked on the front will be forwarded to the designated person conducting the background checks. All applicants will be subject to a thorough background check including criminal, driving, and employment history. As a matter of practice, District 1 will check employment references for any applicant that District 1 is considering employing. Misrepresenting or falsifying information may exclude a candidate from further consideration for employment. If false or misrepresented information is discovered after an individual has begun their employment, his/her employment may be terminated.

3. The application, along with the test score and the employment background check information, will be forwarded to the Interview Committee in order to determine which applicants will be selected for an interview.

4. All applicants for competitive, classified civil service positions shall be required to pass the appropriate civil service examination and obtain a minimum score of seventy-five percent (75%); however, the minimum required score may be changed at the discretion of the Fire Chief upon the recommendation of the Interview Committee chair person based upon the number of available applicants. Currently, the Interview Committee reviews all applications with a test score of 85% or higher. After this criterion has been exhausted, the test score may be lowered in 5 point increments. If no applicants meet the criteria after the test score has been lowered to 75%, a new test may be called for.

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5. After the Committee has determined which applicants meet the criteria, the applicant will be notified by mail that Fire District No.1 has completed the application process and would like to conduct an interview.

6. Interviews are scheduled and conducted by the Interview Committee. Applicants are graded or scored during the interview and the findings discussed among the committee members to determine new hires.

7. The applicants selected will receive notification by mail that they have been selected pending completion of the following:

- All applicants that receive an offer of employment from District 1 are required to take the TABE (Test of Adult Basic Education) survey exam, Level 7-A or 8-A. A battery score of 11.0 is required.
- Criminal Background Check
- All applicants that receive an offer of employment from District 1 are required to pass a medical examination/physical administered by the fire department physician in accordance with NFPA 1582 prior to beginning work or any training program. The medical examination administered by the fire department physician shall include an alcohol and drug screen.
- Prospective full-time employees are required to complete a psychological evaluation as well as a physical agility evaluation such as the Candidate Physical Ability Test (CPAT) or equivalent.
- Applicants that were not selected will be notified that they were not selected for this interview process; however, their application will remain on file for (18) months.

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8. All new employees are hired on a probationary or “working test” basis pursuant to Civil Service Law. This allows the employee time to: become familiar with his/her work, understand District 1’s operations, and generally learn more about District 1. It also allows District 1 to evaluate how well new employees are able to perform their jobs.

New employees hired for the class of Firefighter that do not possess the Firefighter I Certification in accordance with N.F.P.A. Standard 1001 must be classified as a “Recruit” until such time as the “Recruit” earns the Firefighter I Certification in accordance with N.F.P.A. Standard 1001. The Recruit period cannot extend beyond six months from the date on which the recruit period began.

Working test begins immediately upon receiving Firefighter I or if the appointing authority wishes to keep the employee, at the end of the formal training period, which ever comes first. The duration of the probationary or “working test” period shall be one year. After this probationary or working test period, District 1 may confirm the employee in his/her position pursuant to Civil Service Law.

During the first three months of the working test period, new employees are only eligible for those benefits that are required by law, such as workers’ compensation insurance. After satisfactory completion of the first three months of working test period, employees are eligible for regular full-time or part-time employment status with respect to benefits. Employees should refer to the specific benefits program for the details on eligibility requirements.

District 1 will always endeavor to hire the most qualified applicants. The selection will be based on qualifications, skill, training, personality, temperament, etc. As an Equal Opportunity Employer, District 1 will not discriminate on the basis of sex, religion, disability, race, color, creed, age, veteran status, or national origin. District 1 is required to employ only United States citizens and aliens who are authorized to work in the United States. District 1 does not unlawfully discriminate on the basis of

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citizenship or national origin but follows all local, state and federal regulations regarding eligibility for employment. The Immigration Reform and Control Act of 1986 requires each new employee to complete the Employment Eligibility Verification Form I-9 and provide documentation (such as a social security card, driver's license or "green card") establishing identity and employment eligibility. Former employees who are rehired must also complete an I-9 if they have not completed one within the past three years, or if their previous I-9 is no longer retained or valid.

The same actions apply to the hiring of any handicapped person unless the handicap (bona-fide occupational qualification) would directly affect job performance. Pursuant to the American with Disabilities Act ("ADA") and state law, District 1 will provide reasonable accommodations to qualified individuals with a known disability as required by law.

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Application Check Waiver

To: St. Tammany Parish Fire Protection District No.1

From: Applicant

I understand that this waiver will allow St. Tammany Parish Fire Protection District No.1, or its designated representatives, to check any and all information I have supplied on the attached application.

WAIVER:

I, _____, do hereby consent to allow St. Tammany Fire Protection District No.1 to check and confirm any and all information regarding the personal, job, or educational information I have supplied on this application. I also authorize any and all of the persons, organizations, businesses and educational institutions listed on this job application to release the requested information to St. Tammany Fire Protection District No.1 or its designated representative.

I also authorize St. Tammany Fire Protection District No.1 to conduct a background check on myself through a law enforcement agency.

Applicant Signature

Date

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Physical Examination, Blood and Urine Test Statement

I _____, voluntarily agree to take a physical examination to include a blood and urine analysis by a doctor, medical center, hospital or medically qualified personnel.

Furthermore, I authorize the release of the results of these tests and examinations to St. Tammany Fire Protection District No.1 or any of its representatives. By this authorization, I do hereby release any doctor, medical center, hospital, or medically qualified personnel, etc., and St. Tammany Fire Protection District No.1 or any of its representatives from any and all liabilities arising from the release or use of the information derived from or contained in my physical examination or other test results.

Signature

Date

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To: St. Tammany Fire Protection District No.1

From: Job Applicant

Subject: Probational Period

I _____, understand that if I am employed, I will be required to serve a probational working period. I also understand that I may be discharged if I fail my probational training or for some other reason may be considered not suitable for the fire service.

Applicant Signature

Date

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Attachment #1

Dear Applicant,

Please complete the following information regarding your former residences for the past five (5) years.

Applicant Name: _____

From Month/Year	To Month/Year	Street Address	City	State

Remarks:

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Attachment #2

	Name	Age	Address	Occupation
Father				
Mother				
Brother/Sister				
Brother/Sister				
Brother/Sister				
Brother/Sister				
Brother/Sister				
Brother/Sister				

References

List below three persons, not employers or relatives, who have knowledge of your character and ability:

Name	Address	Occupation	Number of years known	Phone number

**APPLICATION FOR COMPETITIVE EXAMINATION
FIRE AND POLICE CIVIL SERVICE BOARD**

PLEASE PRINT OR TYPE. FAILURE TO ANSWER ALL QUESTIONS IN THIS APPLICATION MAY CAUSE YOUR APPLICATION TO BE DELAYED OR REJECTED.

NAME: FIRST MIDDLE LAST				
STREET ADDRESS/P.O. BOX NO.		CITY/TOWN		STATE/ZIP
HOME TELEPHONE NUMBER (WITH AREA CODE) ()	CELL PHONE NUMBER (WITH AREA CODE) ()	OFFICE TELEPHONE NUMBER (WITH AREA CODE) ()		
SOCIAL SECURITY NUMBER			DATE OF BIRTH MONTH/DAY/YEAR:	
ARE YOU A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO				
TITLE OF POSITION FOR WHICH YOU ARE APPLYING (FILE A SEPARATE APPLICATION FOR EACH TYPE OF POSITION):				
RACE/SEX INFORMATION				
The Federal government requires that we request the following race and sex information for statistical reporting purposes. Completion of this section is voluntary, and your application will not be rejected if you choose not to provide this information.				
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Caucasian <input type="checkbox"/> Native American	<input type="checkbox"/> African American <input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____	
SPECIAL INSTRUCTIONS FOR DOCUMENTATION WHICH SHOULD BE ATTACHED TO YOUR COMPLETED APPLICATION FOR EXAMINATION				
So that our civil service board may evaluate your qualifications for admission to the examination, please attach a copy of the documents checked below to your completed application:				
<input type="checkbox"/> HIGH SCHOOL DIPLOMA OR GED EQUIVALENCY CERTIFICATE				
<input type="checkbox"/> DRIVERS LICENSE				
<input type="checkbox"/> COLLEGE TRANSCRIPT, IF APPLICABLE				
<input type="checkbox"/> SPECIAL CERTIFICATIONS OR LICENSES REQUIRED FOR ADMISSION TO SPECIFIC CLASSES				
<input type="checkbox"/> _____				
<input type="checkbox"/> _____				
AUTHORITY FOR RELEASE OF INFORMATION				
I HAVE COMPLETED THIS APPLICATION WITH THE KNOWLEDGE AND UNDERSTANDING THAT ANY OR ALL ITEMS CONTAINED HEREIN MAY BE SUBJECT TO INVESTIGATION PRESCRIBED BY LAW, AND I CONSENT TO THE RELEASE OF INFORMATION CONCERNING MY CAPACITY AND FITNESS BY EMPLOYER, EDUCATIONAL INSTITUTIONS, LAW ENFORCEMENT AGENCIES, AND OTHER INDIVIDUALS AND AGENCIES, TO DULY ACCREDITED INVESTIGATORS, CIVIL SERVICE BOARD MEMBERS AND OTHER AUTHORIZED EMPLOYEES OF THE GOVERNMENT FOR THAT PURPOSE.				
I CERTIFY THAT THE ANSWERS I HAVE GIVEN TO ALL QUESTIONS IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE. I KNOW THAT ANY MISREPRESENTATION HEREIN MAY CAUSE MY APPLICATION TO BE REJECTED, MY NAME REMOVED FROM THE ELIGIBLE LIST AND/OR MAY SUBJECT ME TO DISMISSAL FROM EMPLOYMENT.				
DATE:			SIGNATURE OF APPLICANT:	
FOR USE OF CIVIL SERVICE BOARD ONLY				
<input type="checkbox"/> Voter	<input type="checkbox"/> Citizen	<input type="checkbox"/> Age	<input type="checkbox"/> Education	<input type="checkbox"/> Vet. Pref.
1. CHM	2. CHM	3.	4.	5.

BACKGROUND INFORMATION

IF YOU ARE APPLYING FOR A JOB WHICH REQUIRES THE ABILITY TO DRIVE A VEHICLE, PLEASE PROVIDE THE FOLLOWING:

DRIVER'S LICENSE NUMBER: _____ ISSUING STATE: _____

1. WITHIN THE PAST 5 YEARS, HAVE YOU BEEN TERMINATED, OR RESIGNED IN LIEU OF TERMINATION, FROM ANY POSITION FOR REASONS OTHER THAN A REDUCTION IN FORCE?

☐ YES ☐ NO

2. HAVE YOU EVER BEEN ARRESTED?

☐ YES ☐ NO

3. HAVE YOU BEEN CONVICTED OF A MISDEMEANOR DURING THE LAST 3 YEARS?

☐ YES ☐ NO

4. HAVE YOU EVER BEEN CONVICTED OF A FELONY?

☐ YES ☐ NO

NOTE: IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE AN EXPLANATION IN THE EXPLANATION BLOCK BELOW. AN ARREST AND/OR CONVECTION WILL NOT NECESSARILY DISQUALIFY YOU FROM THE JOB FOR WHICH YOU ARE APPLYING. AN ARREST AND/OR CONVICTION WILL BE JUDGED ON ITS OWN MERITS WITH RESPECT TO TIME, CIRCUMSTACNES AND SERIOUSNESS.

EXPLANATION. PLEASE USE THE SPACE PROVIDED BELOW TO EXPLAIN ANY "YES" ANSWERS TO THE ABOVE FOUR QUESTIONS. ATTACH ADDITIONAL PAGE, IF NECESSARY.

TRAINING/EDUCATION

A. HIGH SCHOOL

☐ DIPLOMA OR EQUIVALENCY CERTIFICATE DATE RECEIVED: _____

☐ I DID NOT GRADUATE BUT COMPLETED GRADE: _____

NAME AND ADDRESS OF HIGH SCHOOL
ISSUING DIPLOMA OR OF STATE
DEPARTMENT OF EDUCATION ISSUING
GED OR EQUIVALENCY CERTIFICATE.

B. COLLEGE NAME OF THE COLLEGE OR UNIVERSITY/LOCATION	YEARS ATTENDED	CREDIT HOURS EARNED	DEGREE(S) RECEIVED	DATE OF DEGREE	MAJOR

C. OTHER FORMAL TRAINING (BUSINESS, TRADE, MILITARY, ETC., CLASSES OR SEMINARS) TITLE OF INSTRUCTION OR CLASS (ATTACH ADDITIONAL PAGES IF NECESSARY)	LOCATION	DATES ATTENDED	DID YOU GRADUATE?	NO. HOURS PER WEEK
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	

SPECIAL QUALIFYING EXPERIENCE, CERTIFICATIONS, OR LICENSES

PLEASE LIST BELOW ANY PROFESSIONAL LICENSES OR CERTIFICATIONS THAT ARE RELEVANT TO THE JOB FOR WHICH YOU ARE APPLYING.

(ATTACH ADDITIONAL PAGES IF NECESSARY)

	NO. 1	NO. 2	NO. 3
NAME OF LICENSE OR TYPE OF CERTIFICATION			
NAME AND COMPLETE ADDRESS OF AGENCY OR INSTITUTION ISSUING LICENSE OR CERTIFICATION			
DATE LICENSE OR CERTIFICATION ACQUIRED			
EXPIRATION DATE, IF APPLICABLE			
RESTRICTIONS, IF APPLICABLE			

LIST ANY SPECIAL COURSE WORK, TRAINING, OR EXPERIENCE WHICH MAY BE BENEFICIAL IN THE JOB FOR WHICH YOU ARE APPLYING, OR WHICH MAY SATISFY ANY SPECIAL QUALIFICATION REQUIREMENTS.

IF YOU HAVE COMPUTER EXPERIENCE, PLEASE LIST ANY SOFTWARE PACKAGES OR COMPUTER LANGUAGES WITH WHICH YOU HAVE A WORKING KNOWLEDGE:

TYPING ABILITY: _____ WPM

VETERAN'S PREFERENCE

Five-point veteran's preference is granted to veterans who receive passing scores for an entrance class and were discharged honorably or under honorable conditions from the U.S. Armed Forces after having served during any of the following wartime periods: September 16, 1940 through July 25, 1947; June 27, 1950 through January 31, 1955; and between July 1, 1958 through May 7, 1975. After May 7, 1975, you must have served in a peacetime campaign or expedition for which campaign badges were authorized to receive the veteran's preference points. (Exclude active duty for training in Reserves or National Guard.) Should you wish to receive the veteran's points, check the space provided and attach a copy of your DD-214 which verifies the above information. You will not receive the five points if you fail to attach the required documentation.

- ☐ I QUALIFY FOR THE FIVE-POINT VETERAN'S PREFERENCE AS IDENTIFIED ABOVE, AND HAVE ATTACHED A COPY OF MY DD-214 TO THIS APPLICATION FOR VERIFICATION PURPOSES

REQUEST FOR TESTING ACCOMMODATIONS UNDER THE AMERICANS WITH DISABILITIES ACT

If you require any special testing accommodations because of a disability which limits a major life activity, you must complete this section in order for your request to be considered.

- ☐ I am requesting testing accommodations under the Americans With Disabilities Act for the following disability (check box and specify disability): _____

Required documentation to attach to your application: IN ORDER FOR THIS CIVIL SERVICE BOARD TO PROCESS YOUR ADA REQUEST, you must attach recent written documentation of your disability, including an assessment of accommodations which might be appropriate to compensate for your disability in a testing environment, prepared by a DOCTOR, PSYCHOLOGIST, REHABILITATION COUNSELOR, OCCUPATIONAL or PHYSICAL THERAPIST, or OTHER PROFESSIONAL with knowledge of your functional limitations.

- ☐ The required documentation is attached to this application.

WORK EXPERIENCE

INSTRUCTIONS FOR COMPLETING SECTION ON WORK EXPERIENCE

Start with your present or most recent position and work back, including any military experience. Use separate blocks if you were promoted or your duties changed materially while working for the same employer. Treat each change as a separate position. For volunteer experience, use work experience blocks and disregard reference to salary. It is to your advantage to completely describe your duties in each position, placing particular emphasis on duties, tasks performed, and responsibility. Attach additional pages, if necessary.

NAME AND COMPLETE ADDRESS OF EMPLOYER						TYPE BUSINESS		
<div style="border: 1px solid black; padding: 5px; display: inline-block;">Phone Number of Employer: ()</div>						TITLE OF YOUR POSITION		
DATES OF EMPLOYMENT FROM: TO: MO. DAY YR. MO. DAY YR.			WAS THIS FULL-TIME EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		AVERAGE NUMBER OF HOURS WORKED PER WEEK:		BEGINNING SALARY	ENDING SALARY
NAME AND TITLE OF IMMEDIATE SUPERVISOR			NUMBER/TITLE(S) OF EMPLOYEES YOU SUPERVISED					
DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)								

NAME AND COMPLETE ADDRESS OF EMPLOYER						TYPE BUSINESS		
<div style="border: 1px solid black; padding: 5px; display: inline-block;">Phone Number of Employer: ()</div>						TITLE OF YOUR POSITION		
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DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)								

NAME AND COMPLETE ADDRESS OF EMPLOYER						TYPE BUSINESS		
<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: auto;">Phone Number of Employer: ()</div>						TITLE OF YOUR POSITION		
DATES OF EMPLOYMENT FROM: TO: MO. DAY YR. MO. DAY YR.			WAS THIS FULL-TIME EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		AVERAGE NUMBER OF HOURS WORKED PER WEEK:		BEGINNING SALARY	ENDING SALARY
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<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Phone Number of Employer: ()</div>						TITLE OF YOUR POSITION		
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