

REPORT ON EXPERIENCE

DIRECTIONS: A total of five years of full-time work experience, or its equivalent, is required as a prerequisite to the Career Switcher Program. This form must be completed to verify this experience.

Last Name	First Name	Middle Name
Social Security Number: _____ - _____ - _____		
Address of Applicant (Street, City, State, Zip Code)		

NAME OF EMPLOYER	POSITION HELD	LENGTH OF SERVICE (MONTH/YEAR TO MONTH/YEAR)

BRIEF DESCRIPTION OF MAJOR DUTIES AND RESPONSIBILITIES

Total number of years of full-time experience: _____

Total years of part-time work experience: _____

By my signature, I verify that the above-named person was successfully employed for the period(s) listed above.

DATE: _____

SIGNATURE: _____

NAME: _____

TITLE: _____

ADDRESS: _____
