

CONTINUATION OF WORK HISTORY

This is intended for the purpose of verifying up to 4 years of specialty-related employment. This form is to be used in the event the Application for Employment does not provide sufficient space OR if an applicant is returning to First Assist's employment after an absence of 12 months or less.

NAME: _____ DATE: _____

WORK HISTORY

Employer: _____ Position Held: _____
 Address: _____
 Supervisor: _____ Department: _____ Phone: _____
 Start Date: _____ End Date: _____ Salary: _____
 Reason for leaving: _____
 May we contact this employer: Y _____ N _____
 Explanation for gap in dates, if any _____

Employer: _____ Position Held: _____
 Address: _____
 Supervisor: _____ Department: _____ Phone: _____
 Start Date: _____ End Date: _____ Salary: _____
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Employer: _____ Position Held: _____
 Address: _____
 Supervisor: _____ Department: _____ Phone: _____
 Start Date: _____ End Date: _____ Salary: _____
 Reason for leaving: _____
 May we contact this employer: Y _____ N _____
 Explanation for gap in dates, if any _____

I certify that the information provided on this continuation to my application for employment is true and correct.

Signature _____ Date _____