



EXTRA FORM

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Position: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Dates of Employment  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
FULL TIME: \_\_\_\_\_ HOURS PER WEEK  
PART TIME: \_\_\_\_\_ HOURS PER WEEK

SUPERVISOR (if not self-employed): \_\_\_\_\_

DESCRIBE ALL RELEVANT DUTIES IN DETAIL (If 100% of your responsibilities were/are ***NOT*** related to the subcode area of licensure sought, and/or building construction or alterations, indicate the percentage of time that was/is, and obtain certification thereof).

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