

Advanced Technical Credit Professional Development Application For Approval – Supplemental Employment Form

Name _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ - _____ - _____ Social Security Number _____ - _____ - _____

Email Address _____

Employment History

1. Fill out the form completely – employer address must be a complete address, including the ZIP code.
2. Include all employment ***other than teaching***.
3. Provide a brief summary of the responsibilities of each position.

Position Title: Employer: Employer's Mailing Address: City, State and ZIP: Employer's Telephone No.:			Immediate Supervisor Name:			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp
			Title:			Give average # of hours worked per week if part- time:
			Supervisor's Telephone No.:			
Starting Date			Leaving Date			
Month	Day	Year	Month	Day	Year	
Summary of responsibilities:						

Position Title: Employer: Employer's Mailing Address: City, State and ZIP: Employer's Telephone No.:			Immediate Supervisor Name:			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp
			Title:			Give average # of hours worked per week if part- time:
			Supervisor's Telephone No.:			
Starting Date			Leaving Date			
Month	Day	Year	Month	Day	Year	
Summary of responsibilities:						

Employment History continued:

Position Title: Employer: Employer's Mailing Address: City, State and ZIP: Employer's Telephone No.:					Immediate Supervisor Name:		<input type="checkbox"/> Full Time
					Title:		<input type="checkbox"/> Part Time
					Supervisor's Telephone No.:		<input type="checkbox"/> Summer
							<input type="checkbox"/> Temp
Starting Date			Leaving Date			Give average # of hours worked per week if part-time:	
Month	Day	Year	Month	Day	Year		

Summary of responsibilities:

Position Title: Employer: Employer's Mailing Address: City, State and ZIP: Employer's Telephone No.:					Immediate Supervisor Name:		<input type="checkbox"/> Full Time
					Title:		<input type="checkbox"/> Part Time
					Supervisor's Telephone No.:		<input type="checkbox"/> Summer
							<input type="checkbox"/> Temp
Starting Date			Leaving Date			Give average # of hours worked per week if part-time:	
Month	Day	Year	Month	Day	Year		

Summary of responsibilities:

Position Title: Employer: Employer's Mailing Address: City, State and ZIP: Employer's Telephone No.:					Immediate Supervisor Name:		<input type="checkbox"/> Full Time
					Title:		<input type="checkbox"/> Part Time
					Supervisor's Telephone No.:		<input type="checkbox"/> Summer
							<input type="checkbox"/> Temp
Starting Date			Leaving Date			Give average # of hours worked per week if part-time:	
Month	Day	Year	Month	Day	Year		

Summary of responsibilities: