

Name: \_\_\_\_\_ Member #: \_\_\_\_\_

## Additional Qualifying Work Experience

<b>Company Name</b>	<b>Type of Business</b>	<b>Company Phone Number</b>	
<b>Company Street Address</b>		<b>City, State, Zip Code</b>	
<b>Supervisor's Name</b>		<b>Title of Immediate Supervisor</b>	
<b>Supervisor's Email Address</b>		<b>Department</b>	
<b>Applicant's Job Title</b>		<b>Employed From:</b> (MM/YYYY)	<b>To:</b> (MM/YYYY)
<b>Job Responsibilities- Detailed Description Required*</b>			

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