

**PAID WORK EXPERIENCE: (list most recent first, please cover the last ten years.)**

**Name of Organization:**  Address, City, State

Position Title:  From (Month/Year):  To (Month/Year):

Supervisor Name/Title:  # of Hours per week:

Supervisor Phone No.:  Number of people you supervised:  Reason for Leaving:

Description of your duties:

**Name of Organization:**  Address, City, State

Position Title:  From (Month/Year):  To (Month/Year):

Supervisor Name/Title:  # of Hours per week:

Supervisor Phone No.:  Number of people you supervised:  Reason for Leaving:

Description of your duties:

**Name of Organization:**  Address, City, State

Position Title:  From (Month/Year):  To (Month/Year):

Supervisor Name/Title:  Hourly/Monthly Salary:  # of Hours per week:

Supervisor Phone No.:  Number of people you supervised:  Reason for Leaving:

Description of your duties:

**Name of Organization:**  Address, City, State

Position Title:  From (Month/Year):  To (Month/Year):

Supervisor Name/Title:  Hourly/Monthly Salary:  # of Hours per week:

Supervisor Phone No.:  Number of people you supervised:  Reason for Leaving:

Description of your duties: