WORK EXPERIENCE REPORT FORM

List in Sequence Worked - Previous 10 Years

(Most recent first)

(Must document at least 5 years as an AOD counselor and 2 years as an AOD supervisor which may be concurrent)

Applicant Name:_____ Date form completed:_____

****

Job Title: _____ Dates of employment: _____

Duties: _____

_____

_____

Percentage of time spent in alcohol/drug abuse counseling: _____

Full time ( ) Part time ( ) Hrs/week _____ Other (specify) _____

Employer: _____

Address: _____

Supervisor: _____ Tel. Number: _____

Total Hours for this position _____

****

Job Title:_____ Dates of employment:_____

Duties:_____

_____

_____

Percentage of time spent in alcohol/drug abuse counseling: _____

Full time ( ) Part time ( ) Hrs/week _____ Other (specify) _____

Employer: _____

Address: _____

Supervisor: _____ Tel. Number: _____

Total Hours for this position _____

****

Job Title:_____ Dates of employment:_____

Duties:_____

Percentage of time spent in alcohol/drug abuse counseling: _____

Full time ( ) Part time ( ) Hrs/week _____ Other (specify) _____

Employer: _____

Address: _____

Supervisor: _____ Tel. Number: _____

Total Hours for this position _____

****

Job Title:_____ Dates of employment:_____

Duties:_____
_____

_____

_____

Percentage of time spent in alcohol/drug abuse counseling: _____

Full time ( ) Part time ( ) Hrs/week _____ Other (specify: _____

Employer: _____

Address: _____

Supervisor: _____ Tel. Number: _____

Total Hours for this position: _____

Board Use Only

Reviewed by: _____ Date: _____

Comments:_____
_____

_____

_____
_____