Position Title: Employer Name: City/State: Employer Phone: ( )	Starting Date		Leaving Date	
	MM	YY	MM	YY

Full-Time ☐ Summer ☐ Part-Time ☐ Temp/Project ☐	Give average number of hours worked per week if part-time:	If supervisory position, number of employees you supervised:

Primary Duties and Responsibilities:

Specific reason for leaving:

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