Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.: ( )								Immediate Supervisor Name: Title: Supervisor's Telephone No.: ( )	Full-Time ☐ Part-Time ☐ Summer ☐ Temp/Project ☐ Give average # of hours worked per week if part-time:
Starting Date			Leaving Date			Current/ Final Salary	Technical ☐ Non-managerial ☐ Supervisory/Managerial ☐		
Mo.	Day	Yr.	Mo.	Day	Yr.			If supervisory, number of employees you	