DESCRIPTION OF EMPLOYMENT

Name _____
First Middle Last Social Security Number

Position held _____ From (Mo/Yr) _____ To (Mo/Yr) _____

Employer's Name _____

Employer's address at time of employment:

Address _____ Suite _____

City _____ State _____ ZIP _____

Telephone ( ) _____

Employer's current name and address if not the same as above:

Name _____

Address _____ Suite _____

City _____ State _____ ZIP _____

Telephone ( ) _____

Type of business _____

Name of your immediate supervisor _____

Reason(s) for leaving employment _____

_____

_____

_____

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If you are/were self-employed ☐, or if firm is now out of business ☐, provide a verifying reference* who is not related to you by blood or marriage. Do not duplicate any person listed elsewhere in this Character Report.

Name _____ Firm/Company _____

Address _____ Suite _____

City _____ State _____ ZIP _____

Telephone ( ) _____ Check if address is: ☐ Residence or ☐ Business

*****It is your responsibility to advise the verifying reference that he/she will be called upon to verify this employment.