Experience as a Tradesman, Inspector or Self-Employed Contractor

If you are documenting contractor experience that requires a license, please complete PART 2.

PART 2

Type of contractor license _____ **State/Municipality**_____
License Number _____ **Date Issued** _____
Type of contractor license _____ **State/Municipality** _____
License Number _____ **Date Issued** _____

PART 3 CLAIM OF EXPERIENCE

Position: _____
Employer: _____
Address: _____
CITY: _____**STATE:** _____ **ZIP CODE:** _____

Dates of Employment
FROM: _____ **TO:** _____
FULL TIME: _____ **HOURS PER WEEK**
PART TIME: _____ **HOURS PER WEEK**

SUPERVISOR (if not self-employed):

_____

DESCRIBE ALL RELEVANT DUTIES IN DETAIL (If 100% of your responsibilities were/are *NOT* related to licensure, indicate the percentage of time that was/is, and obtain certification thereof).

Position:_____
Employer:_____
Address:_____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____

Dates of Employment
FROM: _____ **TO:** _____
FULL TIME: _____ **HOURS PER WEEK**
PART TIME: _____ **HOURS PER WEEK**

SUPERVISOR (if not self-employed):
_____

DESCRIBE ALL RELEVANT DUTIES IN DETAIL (If 100% of your responsibilities were/are *NOT* related to licensure, indicate the percentage of time that was/is, and obtain certification thereof).