

OUT-OF-STATE OIL OR SOLID FUEL WORK EXPERIENCE EMPLOYMENT RECORD

EMPLOYMENT RECORD: In the space provided below, please furnish a record of employment you have had as an **OIL AND/OR SOLID FUEL TECHNICIAN**. START WITH PRESENT POSITION AND WORK BACK. If more space is needed, attach an 8 ½ x 11 sheet of paper to this application.

PRESENT OR LAST EMPLOYER:	From: ____/____/____ To: ____/____/____
COMPLETE ADDRESS:	Hours per week:
	Total Hours:
YOUR TITLE:	NAME OF SUPERVISING MASTER:
DETAIL OF WORK PERFORMED:	

PREVIOUS EMPLOYER:	From: ____/____/____ To: ____/____/____
COMPLETE ADDRESS:	Hours per week:
	Total Hours:
YOUR TITLE:	NAME OF SUPERVISING MASTER:
DETAIL OF WORK PERFORMED:	

PREVIOUS EMPLOYER:	From: ____/____/____ To: ____/____/____
COMPLETE ADDRESS:	Hours per week:
	Total Hours:
YOUR TITLE:	NAME OF SUPERVISING MASTER:
DETAIL OF WORK PERFORMED:	

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PREVIOUS EMPLOYER:	From: ____/____/____ To: ____/____/____
COMPLETE ADDRESS:	Hours per week:
	Total Hours:
YOUR TITLE:	NAME OF SUPERVISING MASTER:
DETAIL OF WORK PERFORMED:	
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