

INSTRUCTION SHEET

DETECTION OF DECEPTION

- Trainee
- Examination
- Endorsement of License
- Restoration
- Trainer
- Specialized Instructor

BEFORE COMPLETING THE APPLICATION PACKAGE, read each of the 5 steps below in the order that they are listed, then follow the instructions as they apply to you. This will aid you in accurately completing your application and eliminate any delay in processing. **THE APPLICATION WHICH YOU SUBMIT IS VALID FOR THREE YEARS FROM DATE OF RECEIPT.** All Illinois Detection of Deception licenses will expire on May 31 of every odd-numbered year.

- Step 1. Use the **REFERENCE SHEET (CHART I)** to select the appropriate Profession Name, 3 digit Profession Code, Licensure Method and Fee, and record that information in **PART I** (page one) of the **Application for Licensure and/or Examination**.
- Step 2. Proceed with **PART II** (page one) and complete all applicable information requested on all 4 pages of the **Application for Licensure and/or Examination**. Your social security number is mandatory on the four-page application and on all supporting documents in this packet.
- Step 3. The remainder of this form contains specific instructions for each Licensure Method. Locate the instructions for the Licensure Method you recorded on **PART I** (page one) of the **Application for Licensure and/or Examination** and follow those instructions only.

NOTE: All documents in a foreign language that are required to be submitted with an application or for any other purpose in connection with licensure must be accompanied by an original, notarized translation that has been performed by a person, other than the applicant, who is fluent in both English and the language of the document(s). The translator shall certify to the above requirements as well as to the accuracy of the translation.

- Step 4. Applicants who received their training outside of Illinois must submit the following:

- NOTE:**
- a) Supporting Documents **CT** and **WH** for purposes of evaluation of out-of-state trainer, **AND**
 - b) Course materials to document substantial equivalency for out-of-state training (course description and syllabus).

- Step 5. If needed, a telephone number for assistance in completing the Application Package is provided on the **REFERENCE SHEET**.

Additional application forms can be downloaded from the IDPR Web site at www.dpr.state.il.us.

NON-EXAMINATION TRAINEE

NOTE: You can not begin training until you receive the Trainee license.

1. Submit official transcript for Baccalaureate Degree, with school seal affixed. If school does not have a seal, transcript must be notarized.
2. If you have ever been issued a license, Supporting Document **CT** must be completed by the U. S. jurisdiction of original licensure (if other than Illinois) and the U. S. jurisdiction where you have most recently been practicing. You are authorized to photocopy this form if necessary. You must direct the licensing agency/board to return completed document **CT** directly to the address indicated in number 4 below.
3. Supporting Document **WH** must be completed. Indicate all employment since graduation from baccalaureate program to present.
4. One passport size photograph (1" X 1").
5. Forward four-page application and supporting documentation to the Illinois Department of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

EXAMINATION DETECTION OF DECEPTION EXAMINER

1. Supporting Document **ED-DOD** must be completed by an official of the accredited college/university and must have school seal affixed. If school does not have a seal, Supporting Document **ED-DOD** must be notarized.

NOTE: If you obtained your six (6) months of training from individually approved instructors not affiliated with a training program, you must photocopy Supporting Document **ED-DOD** and have EACH instructor certify to the training he provided.

2. Supporting Document **CS-DOD** must be completed if you are a nonresident of Illinois applicant.
3. If you have ever been previously licensed, Supporting Document **CT** must be completed by the U. S. jurisdiction of original licensure (if other than Illinois) and the U. S. jurisdiction where you have most recently been practicing. You are authorized to photocopy this form if necessary. You must direct the licensing agency/board to return completed document **CT** directly to the address indicated in number 7 below.
4. Supporting Document **WH** must be completed. Indicate all employment since graduation from baccalaureate program to present.
5. Please submit a copy of your Detection of Deception Training Certificate as originally issued by the Department of Professional Regulation.
6. Fee payment is indicated on the **REFERENCE SHEET**. Fee payment must be in the form of a certified check or money order made payable to Continental Testing Services, Inc.
7. Forward four-page application, supporting documentation, and fee payment to: Continental Testing Services, Inc., P. O. Box 100, LaGrange, Illinois 60525-0100.

ENDORSEMENT OF LICENSE DETECTION OF DECEPTION EXAMINER

1. Supporting Document **ED-DOD** must be completed by an official of the accredited college/university and it must have school seal affixed. If school does not have a seal, Supporting Document **ED-DOD** must be notarized.

NOTE: If you obtained your six (6) months of training from individually approved instructors not affiliated with a training program, you must photocopy Supporting Document **ED-DOD** and have EACH instructor certify to the training he provided. Include a completed course outline of the training program you completed, including a breakdown of credit hours.

2. Supporting Document **CS-DOD** must be completed if you are a nonresident of Illinois applicant.
3. Supporting Document **WH** must be completed. Indicate all employment since graduation from baccalaureate program to present.
4. Supporting Document **CT** must be completed by the U. S. jurisdiction of original licensure (if other than Illinois) and the U. S. jurisdiction where you have most recently been practicing. You are authorized to photocopy this form if necessary. You must direct the licensing agency/board to return completed document **CT** directly to the address indicated in number 7 below.
5. Submit a copy of the licensing act and rules for registration in the jurisdiction of original licensure at the time you were licensed.
6. Fee payment is indicated on the **REFERENCE SHEET (CHART I)** and must be in the form of a check or money order made payable to: Illinois Department of Professional Regulation.
7. Forward four-page application, supporting documentation, and fee payment to the Illinois Department of Professional Regulation, P. O. Box 7007, Springfield, Illinois 62791.

RESTORATION DETECTION OF DECEPTION EXAMINER

IMPORTANT NOTICE: These Restoration Instructions apply only to those detection of deception examiners whose licenses have been on inactive status, or in non-renewed status, for five or more years.

If your license has been inactive, or in non-renewed status, for less than five years, you should contact the Department of Professional Regulation at 217-782-0458 for detailed instructions on how to restore it to active status.

1. Supporting Document **CT** must be completed by the U. S. jurisdiction where you are currently licensed. You are authorized to photocopy this form if necessary. You must direct the licensing agency/board to return completed document **CT** directly to the address indicated in number 7 below.
2. Supporting Document **VE** must be completed to document current active practice. If you are self-employed, you may complete the document on your own behalf. If this form was not included in the application packet, you must obtain one by contacting the Department of Professional Regulation at 217-782-0458.
3. Supporting Document **WH** must be completed. Indicate all employment since your Illinois Detection of Deception license expired, to present.
4. Supporting Document **RS** must be completed. If this form was not included in the application packet, you must obtain one by contacting the Department of Professional Regulation at 217-782-0458.
5. Submit copy of DD214 if restoring after active military service.
6. Fee payment is indicated in the Official Use Only Box on Supporting Document **RS**. Fee payment must be in the form of a check or money order made payable to: Illinois Department of Professional Regulation.
7. Forward four-page application, supporting documentation, and fee payment to the Illinois Department of Professional Regulation, P. O. Box 7007, Springfield, Illinois 62791.

NON-EXAMINATION DETECTION OF DECEPTION TRAINER

NOTE: The Detection of Deception Examiners Act Coordinator may require an applicant to appear for an interview to answer questions relating to his/her qualifications or the course outline submitted. You must have an active Detection of Deception Examiner license in Illinois or proof of this license in another state with substantially equivalent qualifications. The license must be in good standing with a minimum of 3 years of experience as a licensed Detection of Deception Examiner where you currently administer examinations on a regular basis.

1. Submit official transcript for Baccalaureate Degree, with school seal affixed. If school does not have a seal, transcript must be notarized.
2. Supporting Document **WH** must be completed. Indicate all employment since graduation from baccalaureate program to present.
3. Supporting Document **CT** must be completed by the U. S. jurisdiction of original licensure (if other than Illinois) and the U. S. jurisdiction where you have most recently been practicing. You are authorized to photocopy this form if necessary. You must direct the licensing agency/board to return completed document **CT** directly to the address indicated in number 6 below.
4. Submit a copy of the licensing act and rules for registration as an Examiner in the jurisdiction of original licensure at the time you were licensed. If the state of original licensure as an Examiner was Illinois, disregard this requirement.
5. Submit a general course outline of study to be taught, including the list of books to be used, the number of hours to be devoted to each subject, a brief description of content of the instruction in each subject, and a course syllabus outlining the expected progression of the course.
6. Forward four-page application and supporting documentation to: Illinois Department of Professional Regulation
P. O. Box 7007, Springfield, Illinois 62791.

NON-EXAMINATION DETECTION OF DECEPTION SPECIALIZED INSTRUCTOR PHYSIOLOGICAL ASPECTS, PSYCHOLOGICAL ASPECTS, LEGAL ASPECTS

NOTE: The Detection of Deception Examiners Act Coordinator may require an applicant to appear for an interview to answer questions relating to his/her qualifications or the course outline submitted.

1. Submit official transcript, with school seal affixed, for Baccalaureate Degree. If school does not have a seal, transcript must be notarized.

NOTE: To be a specialized instructor for Legal Aspects, you must have a law degree.

2. Supporting Document **WH** must be completed. Indicate all employment since graduation from baccalaureate program to present.
3. Submit a general course outline of study to be taught, including the list of books to be used, the number of hours to be devoted to each subject, a brief description of content of the instruction in each subject, and a course syllabus outlining the expected progression of the course.
4. Forward four-page application and supporting documentation to: Illinois Department of Professional Regulation,
P. O. Box 7007, Springfield, Illinois 62791.

LICENSURE METHODS AND DEFINITIONS

Following are definitions of the various methods used in issuing licenses for professionals in the State of Illinois. Some of these licensure methods may not be applicable to your profession. Refer to the enclosed instruction sheet to determine the specific licensure methods/requirements for your profession.

| <u>Licensure Methods</u> | <u>Definition</u> |
|---------------------------|---|
| Examination | Applicant has applied or is required to take and pass all or a portion of an exam scheduled and/or given by the Department or a representative of the Department. |
| Endorsement of License | Original license issued in another state and that state's requirements were substantially equivalent to Illinois requirements at time license was issued. |
| Reciprocity | Original license issued in another state and that state's requirements were substantially equivalent to Illinois requirements at time license was issued and that state also reciprocates this privilege. |
| Acceptance of Examination | Applicant has taken a National Exam, referred to by Illinois statute, in any state. Applicant may or may not be licensed in another state. |
| Restoration | Applicant has previously been licensed in State of Illinois and has allowed license to lapse long enough to require reapplication. Possible exam passage and/or committee review. |
| Grandfather/Waiver | Applicant will be licensed without regard to current requirements because statute allows this based on past qualifications and practices (for a specified time only.) |
| Non-examination | Applicant is licensed by meeting qualifications required by statute. There is no exam for these professions. These can be either businesses or individuals. |

REFERENCE SHEET

ALL FEES ARE NONREFUNDABLE

Department reserves the right to change fees if prevailing circumstances necessitate such action.

CHART I - PROFESSION NAME, PROFESSION CODE, LICENSURE METHOD & FEE

| <u>PROFESSION NAME</u> | <u>PROFESSION CODE</u> | <u>LICENSURE METHOD</u> | <u>APPLICATION FEE</u> |
|---|------------------------|-------------------------|-----------------------------------|
| Detection of Deception Trainee | 063 | Nonexamination | N/A |
| Detection of Deception Examiner | 094 | Examination | See Chart II Below |
| Detection of Deception Examiner | 094 | Endorsement of License | \$50.00 |
| Detection of Deception Examiner | 094 | Restoration | See Supporting Document RS |
| Detection of Deception Trainer | No Code | Nonexamination | N/A |
| Detection of Deception Specialized Instructor | No Code | Nonexamination | N/A |

CHART II - EXAMINATION CODES AND FEES

| <u>EXAMINATION</u> | <u>TEST CODES</u> | <u>TEST FEES</u> |
|---------------------------------|-------------------|------------------|
| Detection of Deception Examiner | 01 | \$136.50 |

***NOTE:** The Test Fee is for the cost of the examination only and is not transferrable from one exam date to another. The test fee must be in the form of a certified check or money order made payable to Continental Testing Services, Inc. After successful completion of examination, you will be notified of the licensure fee.

CHART III - EXAMINATION DATES AND LOCATION

| <u>TEST DATES</u> | <u>APPLICATION FILING DEADLINES</u> | <u>AVAILABLE TEST CENTER</u> | <u>TEST CENTER CODE</u> |
|--------------------|-------------------------------------|------------------------------|-------------------------|
| September 10, 2003 | August 12, 2003 | Chicago Area | 9409 |
| March 10, 2004 | February 9, 2004 | Chicago Area | 9403 |

***NOTE:** Approximately two weeks prior to the examination, you will be mailed an admission notice, along with other necessary instructions. If you have not received an admission notice ten days prior to the examination, make inquiry to Continental Testing Services: 708-354-9911; or 1-800-869-1313 for Telecommunicative Device for the Deaf (TDD).

APPLICATION FILING DEADLINES WILL BE STRICTLY ENFORCED.

If the examination final filing dates provided have expired, you may call the Department of Professional Regulation at 217-782-8556 for updated examination/administration dates and applicable final filing dates.

SEE PAGE 2 FOR CHART IV - SCHOOL CODES

CHART IV - SCHOOL CODES

NOT APPLICABLE
ENTER N/A IN PART VII c) OF
APPLICATION FOR LICENSURE AND/OR EXAMINATION

******* REQUEST FOR ASSISTANCE *******

If assistance is needed, direct your request (based upon your licensure method)
to one of the following telephone numbers:

| | |
|---|---|
| Licensure Methods <u>Except</u> Examination 217-782-8556 Telecommunication Device for the Deaf (TDD) 217-524-6735 Please allow 3 weeks from mailing your application before making an inquiry concerning its status. | Examination Licensure Method <u>Only</u> 708-354-9911 |
|---|---|

When an operator answers, state the profession for which you are applying and
that you need assistance with your application.

NAME (Last, First, MI):

SS#:

Profession:

PART IV: Record of Licensure Information

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the *INSTRUCTION SHEET* enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

| STATE | PROFESSION NAME | LICENSE NUMBER | DATE OF ISSUANCE | LICENSE STATUS (Active, Lapsed, etc.) |
|--|-----------------|----------------|------------------|---------------------------------------|
| State of Original Licensure | | | | |
| State of Current Licensure where you most recently have been practicing. | | | | |
| Other States of Licensure | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

(If additional space is needed, attach a separate sheet.)

PART V: Record of Examination

If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

| NAME OF EXAMINATION | STATE | MONTH/YEAR | EXAM RESULTS |
|---------------------|-------|------------|--------------------------|
| | | | (Passed, Failed, Absent) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

(If additional space is needed, attach a separate sheet.)

| PART VI: Personal History Information (This part must be completed by all applicants) | | YES | NO |
|--|--|-----|----|
| 1. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? <i>If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.</i> | | | |
| 2. Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i> | | | |
| 3. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i> | | | |
| 4. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i> | | | |

PART VII: Examination Coding Information (This part is for examination applicants only)

Refer to the REFERENCE SHEET enclosed with this application package and complete the following:

a) CHART II - Select examination(s) you desire and enter Test Codes.

b) CHART III - Select the examination site you desire and enter Test Center Code:

c) CHART IV - Find your School of Graduation and enter school code:

d) Record the number of times you have taken this exam in Illinois or any other state:

e) Do you authorize the Department to release your Licensure Examination Scores to the education program from which you graduated? Yes No

PART VIII: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

Are you more than 30 days delinquent in complying with a child support order? Yes No
 (NOTE: If you are not subject to a child support order, answer "no.")

2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)

Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State? Yes No

PART IX: Certifying Statement

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

 Signature of Applicant

 Date

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

WORK HISTORY

SUPPORTING DOCUMENT

WH

APPLICANT: Complete Work History. If you have never been employed you may stop at box 8. You are authorized to photocopy this form if additional space is required.

| | | |
|---|---|---|
| 1. NAME LAST FIRST MIDDLE _____ | 2. DATE OF BIRTH ____ / ____ / ____ Month Day Year | 3. SOCIAL SECURITY NUMBER ____ - ____ - ____ |
| 4. ADDRESS STREET, CITY, STATE, ZIP CODE _____ | 5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. <div style="display: flex; justify-content: space-between;"> _____ Profession Name _____ Profession Code </div> | |
| 6. MAIDEN OR GIVEN SURNAME _____ | 7. CHECK HERE IF YOU HAVE NEVER BEEN EMPLOYED. <input type="checkbox"/> | 8. DATE FORM COMPLETED _____ |

9. RECORD WORK HISTORY CHRONOLOGICALLY - Complete Work History beginning with present employment and concluding with graduation. You must account for the entire time period including periods of unemployment and volunteer work, etc.

| | | | | | | | | | |
|---|---|-------------------------------|-----------------------|---|--|---|--------------------|--|---|
| A. NAME OF BUSINESS / INSTITUTION | JOB TITLE | | | | | | | | |
| ADDRESS STREET, CITY, STATE, ZIP CODE | DESCRIPTION OF DUTIES PERFORMED | | | | | | | | |
| SUPERVISOR NAME | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">DATE OF EMPLOYMENT/ATTENDANCE</td> <td style="width: 50%; padding: 5px;">HOURS WORKED PER WEEK</td> </tr> <tr> <td style="padding: 5px;">From ____ / ____ / ____ Month Day Year</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">To ____ / ____ / ____ Month Day Year</td> <td style="padding: 5px;">TYPE OF EMPLOYMENT</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time</td> </tr> </table> | | DATE OF EMPLOYMENT/ATTENDANCE | HOURS WORKED PER WEEK | From ____ / ____ / ____ Month Day Year | | To ____ / ____ / ____ Month Day Year | TYPE OF EMPLOYMENT | | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |
| DATE OF EMPLOYMENT/ATTENDANCE | | HOURS WORKED PER WEEK | | | | | | | |
| From ____ / ____ / ____ Month Day Year | | | | | | | | | |
| To ____ / ____ / ____ Month Day Year | TYPE OF EMPLOYMENT | | | | | | | | |
| | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | | | | | | | | |
| TOTAL TIME WORKED (Year/Month) | | | | | | | | | |

| | | | | | | | | | |
|---|---|-------------------------------|-----------------------|---|--|---|--------------------|--|---|
| B. NAME OF BUSINESS / INSTITUTION | JOB TITLE | | | | | | | | |
| ADDRESS STREET, CITY, STATE, ZIP CODE | DESCRIPTION OF DUTIES PERFORMED | | | | | | | | |
| SUPERVISOR NAME | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">DATE OF EMPLOYMENT/ATTENDANCE</td> <td style="width: 50%; padding: 5px;">HOURS WORKED PER WEEK</td> </tr> <tr> <td style="padding: 5px;">From ____ / ____ / ____ Month Day Year</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">To ____ / ____ / ____ Month Day Year</td> <td style="padding: 5px;">TYPE OF EMPLOYMENT</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time</td> </tr> </table> | | DATE OF EMPLOYMENT/ATTENDANCE | HOURS WORKED PER WEEK | From ____ / ____ / ____ Month Day Year | | To ____ / ____ / ____ Month Day Year | TYPE OF EMPLOYMENT | | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |
| DATE OF EMPLOYMENT/ATTENDANCE | | HOURS WORKED PER WEEK | | | | | | | |
| From ____ / ____ / ____ Month Day Year | | | | | | | | | |
| To ____ / ____ / ____ Month Day Year | TYPE OF EMPLOYMENT | | | | | | | | |
| | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | | | | | | | | |
| TOTAL TIME WORKED (Year/Month) | | | | | | | | | |

NAME (Last, First, MI):

SS#:

Profession:

| | | | |
|--|---|---------------------------------|--|
| C. NAME OF BUSINESS / INSTITUTION | | JOB TITLE | |
| ADDRESS STREET, CITY, STATE, ZIP CODE | | DESCRIPTION OF DUTIES PERFORMED | |
| SUPERVISOR NAME | | | |
| DATE OF EMPLOYMENT/ATTENDANCE | HOURS WORKED PER WEEK | | |
| From ___ / ___ / ___ Month Day Year To ___ / ___ / ___ Month Day Year | TYPE OF EMPLOYMENT <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | | |
| TOTAL TIME WORKED (Year/Month) | | | |

| | | | |
|--|---|---------------------------------|--|
| D. NAME OF BUSINESS / INSTITUTION | | JOB TITLE | |
| ADDRESS STREET, CITY, STATE, ZIP CODE | | DESCRIPTION OF DUTIES PERFORMED | |
| SUPERVISOR NAME | | | |
| DATE OF EMPLOYMENT/ATTENDANCE | HOURS WORKED PER WEEK | | |
| From ___ / ___ / ___ Month Day Year To ___ / ___ / ___ Month Day Year | TYPE OF EMPLOYMENT <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | | |
| TOTAL TIME WORKED (Year/Month) | | | |

| | | | |
|--|---|---------------------------------|--|
| E. NAME OF BUSINESS / INSTITUTION | | JOB TITLE | |
| ADDRESS STREET, CITY, STATE, ZIP CODE | | DESCRIPTION OF DUTIES PERFORMED | |
| SUPERVISOR NAME | | | |
| DATE OF EMPLOYMENT/ATTENDANCE | HOURS WORKED PER WEEK | | |
| From ___ / ___ / ___ Month Day Year To ___ / ___ / ___ Month Day Year | TYPE OF EMPLOYMENT <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | | |
| TOTAL TIME WORKED (Year/Month) | | | |