

14. Employment Experience: Read The Following Instructions Before Completing This Section:

- **Order:** List most recent employment first.
- **What to List:** Any and all employment.
- **Professional Experience:** Indicate whether or not professional experience occurred after your professional degree or coursework.
- **Volunteer/Unpaid Work:** List volunteer or unpaid experience only if noted as qualifying experience for the position or job posting. Describe volunteer/unpaid work the same way as paid work, and write "unpaid" in "Earnings."
- **Military Experience:** If you have had military service that included experience pertinent to the position, list that experience.
- **Changes in Status:** If your title or duties changed significantly during your service in any one organization, list such changed status separately.
- **Duties:** In the "Duties" section, describe duties in detail; the nature of work personally performed by you; estimate percentage of time spent on each type of work. If more space is needed, you may attach 8½" x 11" sheet(s) of paper.
- **Supervisory Experience:** For any supervisory role, state size and type of workforce supervised, as well as the extent of supervision by you.

You are responsible for submitting an accurate, adequate, clear description of your experience

Omissions or vagueness will NOT be interpreted in your favor ~ If more space is needed, you may attach 8½" x 11" sheet(s) of paper

| | | | |
|--|--|------------------------------------|-----------------------------|
| LENGTH OF EMPLOYMENT FROM 06/21 TO PRESENT MO YR MO YR | FIRM NAME Westchester Central Disty | ADDRESS 1186 King St. Lye Brook | CITY, STATE Lye Brook NY |
| TYPE OF BUSINESS | DUTIES 1:1 works with disabled children | | |
| YOUR EXACT TITLE | | | |
| SUPERVISOR'S NAME | | | |
| SUPERVISOR'S TITLE | | | |
| NO. OF HOURS WORKED PER WEEK (EXCLUSIVE OF OVERTIME) 36 | | | |
| REASON FOR LEAVING NOT LEAVING | | | |
| LENGTH OF EMPLOYMENT FROM 01/21 TO 06/21 MO YR MO YR | FIRM NAME Community Living Corp | ADDRESS 135 Radio Ctr Bldg. | CITY, STATE Mt Kisco NY |
| TYPE OF BUSINESS | DUTIES DSP | | |
| YOUR EXACT TITLE DSP | | | |
| SUPERVISOR'S NAME | | | |
| SUPERVISOR'S TITLE | | | |
| NO. OF HOURS WORKED PER WEEK (EXCLUSIVE OF OVERTIME) 40 | | | |
| REASON FOR LEAVING seek employment with disabled children | | | |
| LENGTH OF EMPLOYMENT FROM / TO MO YR MO YR | FIRM NAME | ADDRESS | CITY, STATE |
| TYPE OF BUSINESS | DUTIES | | |
| YOUR EXACT TITLE | | | |
| SUPERVISOR'S NAME | | | |
| SUPERVISOR'S TITLE | | | |
| NO. OF HOURS WORKED PER WEEK (EXCLUSIVE OF OVERTIME) | | | |
| REASON FOR LEAVING | | | |
| LENGTH OF EMPLOYMENT FROM / TO MO YR MO YR | FIRM NAME | ADDRESS | CITY, STATE |
| TYPE OF BUSINESS | DUTIES | | |
| YOUR EXACT TITLE | | | |
| SUPERVISOR'S NAME | | | |
| SUPERVISOR'S TITLE | | | |
| NO. OF HOURS WORKED PER WEEK (EXCLUSIVE OF OVERTIME) | | | |
| REASON FOR LEAVING | | | |