

Community Ties of America, Inc.
 45-955 Kamehameha Hwy., Suite 300
 Kaneohe, HI 96744
 Phone: 808-234-5380
 Fax: 808-234-5470

JOB EXPERIENCE FORM

Full Legal Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ PCG or SCG (circle one)

Employer or Company Name, address & phone number	Job Title & Duties Performed	Number of Hours per week	Date you Started job	Date you Ended job	Total Hours at each job

***Use an additional sheet of paper if necessary for additional experience.

Total number of hours worked from all jobs: _____

By signing this document I verify that all the information is true and correct. Should the information be found to be incorrect, falsified or otherwise untrue, I understand that my application can be denied or my certification revoked in the future. I understand a copy of this form needs to be on file with the CCFH.

Signature: _____

Date: _____