



Name: _____

SOCIAL WORK AND HUMAN SERVICES EXPERIENCE FORM

Dates (Mo/Yr.)	Hours/ Week	Total Hours	Agency & Job Title	Briefly describe how this experience relates to Social Work practice	Select one:
From: To:					<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
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From: To:					<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
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From: To:					<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
Total paid			Total unpaid		Overall Total Hours

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