



BASW Social Services Experience Form

____ Full Legal Name (Last, First Middle)

Please list your paid and unpaid social service or human service experience below. **Include the number of hours you worked each week and the total number of hours worked.** Please make extra copies of this page if you need to list more than three experiences. Please calculate and report your **total** reported hours at the bottom of this form.

Employer/Agency			Dates Employed	From:	To:
Address (Number and Street)			Description of Duties		
City	State	Zip			
Job Title					
Name of Supervisor (MSW? <input type="checkbox"/> Yes <input type="checkbox"/> No)		Supervisor Telephone			
Hours per Week	Total Hours	<input type="checkbox"/> Paid <input type="checkbox"/> Full Time <input type="checkbox"/> Unpaid <input type="checkbox"/> Part Time			
Employer/Agency					
Address (Number and Street)			Description of Duties		
City	State	Zip			
Job Title					
Name of Supervisor (MSW? <input type="checkbox"/> Yes <input type="checkbox"/> No)		Supervisor Telephone			
Hours per Week	Total Hours	<input type="checkbox"/> Paid <input type="checkbox"/> Full Time <input type="checkbox"/> Unpaid <input type="checkbox"/> Part Time			
Employer/Agency					
Address (Number and Street)			Description of Duties		
City	State	Zip			
Job Title					
Name of Supervisor (MSW? <input type="checkbox"/> Yes <input type="checkbox"/> No)		Supervisor Telephone			
Hours per Week	Total Hours	<input type="checkbox"/> Paid <input type="checkbox"/> Full Time <input type="checkbox"/> Unpaid <input type="checkbox"/> Part Time			
Employer/Agency					
Total Social Service Hours Reported:					