



GEORGIA DEPARTMENT OF NATURAL RESOURCES
SUPPLEMENTAL WORK HISTORY PAGE
An Equal Opportunity Employer

Last Name	First Name	Middle Initial
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Employer		Job Title	
Start Date (mo/day/year)	End Date (mo/day/year)	Hours per Week	
Supervisor's Name	Supervisor's Title	Your Salary	
Supervisor's Phone Number		May we contact the Supervisor?	
Reason for Leaving		# and types of employees you supervised (if applicable)	
Describe in detail your job duties			

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