

**10 YOUR EMPLOYMENT ACTIVITIES**

List your employment activities, beginning with the present (#1) and working back 5 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 5-year period must be accounted for without breaks, but you need not list employments before your 16th birthday.

● **Code.** Use one of the codes listed below to identify the type of employment:

1 - Active military duty stations

2 - National Guard/Reserve

3 - U.S.P.H.S. Commissioned Corps

4 - Other Federal employment

5 - State Government (Non-Federal employment)

6 - Self-employment (Include business name and/or name of person who can verify)

7 - Unemployment (Include name of person who can verify)

8 - Federal Contractor (List Contractor, not Federal agency)

9 - Other

● **Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

● **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

| Month/Year<br>#1                                                      | Month/Year<br>To | Month/Year<br>Present | Code | Employer/Verifier Name/Military Duty Location | Your Position Title/Military Rank |          |                         |
|-----------------------------------------------------------------------|------------------|-----------------------|------|-----------------------------------------------|-----------------------------------|----------|-------------------------|
| Employer's/Verifier's Street Address                                  |                  |                       |      | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |
| Street Address of Job Location (if different than Employer's Address) |                  |                       |      | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |
| Supervisor's Name & Street Address (if different than Job Location)   |                  |                       |      | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |
| PREVIOUS PERIODS OF ACTIVITY<br>(Block #1)                            | Month/Year       | Month/Year            |      | Position Title                                | Supervisor                        |          |                         |
|                                                                       | To               |                       |      |                                               |                                   |          |                         |
|                                                                       | Month/Year       | Month/Year            |      | Position Title                                | Supervisor                        |          |                         |
|                                                                       | To               |                       |      |                                               |                                   |          |                         |
| Month/Year                                                            | Month/Year       |                       |      | Position Title                                | Supervisor                        |          |                         |
|                                                                       | To               |                       |      |                                               |                                   |          |                         |
| Month/Year<br>#2                                                      | Month/Year<br>To | Month/Year            | Code | Employer/Verifier Name/Military Duty Location | Your Position Title/Military Rank |          |                         |
| Employer's/Verifier's Street Address                                  |                  |                       |      | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |
| Street Address of Job Location (if different than Employer's Address) |                  |                       |      | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |
| Supervisor's Name & Street Address (if different than Job Location)   |                  |                       |      | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |
| PREVIOUS PERIODS OF ACTIVITY<br>(Block #2)                            | Month/Year       | Month/Year            |      | Position Title                                | Supervisor                        |          |                         |
|                                                                       | To               |                       |      |                                               |                                   |          |                         |
|                                                                       | Month/Year       | Month/Year            |      | Position Title                                | Supervisor                        |          |                         |
|                                                                       | To               |                       |      |                                               |                                   |          |                         |
| Month/Year                                                            | Month/Year       |                       |      | Position Title                                | Supervisor                        |          |                         |
|                                                                       | To               |                       |      |                                               |                                   |          |                         |
| Month/Year<br>#3                                                      | Month/Year<br>To | Month/Year            | Code | Employer/Verifier Name/Military Duty Location | Your Position Title/Military Rank |          |                         |
| Employer's/Verifier's Street Address                                  |                  |                       |      | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |
| Street Address of Job Location (if different than Employer's Address) |                  |                       |      | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |
| Supervisor's Name & Street Address (if different than Job Location)   |                  |                       |      | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |
| PREVIOUS PERIODS OF ACTIVITY<br>(Block #3)                            | Month/Year       | Month/Year            |      | Position Title                                | Supervisor                        |          |                         |
|                                                                       | To               |                       |      |                                               |                                   |          |                         |
|                                                                       | Month/Year       | Month/Year            |      | Position Title                                | Supervisor                        |          |                         |
|                                                                       | To               |                       |      |                                               |                                   |          |                         |
| Month/Year                                                            | Month/Year       |                       |      | Position Title                                | Supervisor                        |          |                         |
|                                                                       | To               |                       |      |                                               |                                   |          |                         |

Enter your Social Security Number before going to the next page 