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| **EXHIBIT A – PROVIDER EXPERIENCE**  **Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Describe your work experience in detail, beginning with your **current** or **most recent job**. Use a separate block to describe each position. Include military service (indicate rank) and job-related volunteer work, if applicable. Indicate number of employees supervised. Provide an explanation of any gaps in employment. If needed, attach additional sheets, using the same format as this sheet.  ***Attach this sheet and any additional sheets to your application when complete.***   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Name of Present or Last Employer: | | | | | | | | | | | | | | | Address: |  | | | | | | | | Phone number: | | |  | | | Job Title: |  | | | | | | | | Supervisor’s Name: | | |  | | | Months/Years of employment: | | | | *From:* |  | | *To:* | | |  | Hours Per Week: | |  | | Your name, if different during employment: | | | | | |  | | | | | | | | | Duties and responsibilities: | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | Reason(s) for leaving: | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | Name of Employer: | | | | | | | | | | | | | | | Address: |  | | | | | | | Phone number: | | | |  | | | Job Title: |  | | | | | | | Supervisor’s Name: | | | |  | | | Months/Years of employment: | | | | *From:* |  | | *To:* | | |  | Hours Per Week: | |  | | Your name, if different during employment: | | | | | |  | | | | | | | | | Duties and responsibilities: | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | Reason(s) for leaving: | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Name of Employer: | | | | | | | | | | | | | | Address: |  | | | | | | | Phone number: | | |  | | | Job Title: |  | | | | | | | Supervisor’s Name: | | |  | | | Months/Years of employment: | | | | *From:* |  | | *To:* | |  | Hours Per Week: | |  | | Your name, if different during employment: | | | | | |  | | | | | | | | Duties and responsibilities: | | |  | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | Reason(s) for leaving: | |  | | | | | | | | | | | |  | | | | | | | | | | | | | |