NEW YORK GUARD CIVILIAN EMPLOYMENT EXPERIENCE

	Continuation Sneet						
GENERAL INFORMATION 1 NAME Last:	First:			Middle Initial:			
2 Social Security Number:							
ADDITIONAL CIVILIAN EMPLOYMEN	IT EXPERIENC	CE					
7a. Name and Address of Employer's Organiza	ation	Dates employed from		Average No.	Number of		
, , ,				of hours per	employees		
		to		week	supervised		
8a. Your immediate supervisor's name	Telephone N	umber Exa		ct title of your job			
7b Name and Address of Employer's Organiz	otion	Dates employed		Average No.	Number of		
7b. Name and Address of Employer's Organiza	allon			of hours per	employees		
		from		week	supervised		
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8b. Your immediate supervisor's name	Telephone N	umber	LAG	of title of your jo	,,,		
7c. Name and Address of Employer's Organiza	ation	Dates employed		Average No.	Number of		
76. Name and Address of Employer's Organiza	allon			of hours per	employees		
		from to		week	supervised		
Sc. Vour immediate supervisor's name	Telephone N		Fya	ct title of your jo	 h		
8c. Your immediate supervisor's name	T CIOPHONE IV	annoci	LXG	or the or your je	,,,		
7d. Name and Address of Employer's Organiza	ation	Dates employed		Average No.	Number of		
Tu: Name and Address of Employer's Organiza	ation			of hours per	employees		
		from to		week	supervised		
8d. Your immediate supervisor's name	Telephone N						
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7e. Name and Address of Employer's Organiza	ation	Dates employed from to		Average No.	Number of		
1 01 Hamb and Address of Employer 5 organize	20011			of hours per	employees		
				week	supervised		
8e. Your immediate supervisor's name	Telephone N			ct title of your job			
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7f. Name and Address of Employer's Organiza	ntion	Dates employed		Average No.	Number of		
				of hours per	employees		
		from to		week	supervised		
8f. Your immediate supervisor's name	Telephone N	e Number Exa		act title of your job			
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7g. Name and Address of Employer's Organiza	ation	Dates		Average No.	Number of		
<u> </u>		employed		of hours per	employees		
		from		week	supervised		
8g. Your immediate supervisor's name Telephone		e Number Exact title of your job			b		
<u> </u>							
★ I hereby certify that, to the best of my knowledge	ge and belief, all of	my state	ements	are true, correct	, and made in		
good faith.		1 =					
Signature (Sign application in dark ink)		D	ate Si	gned (Month, d	ay, year)		