



**Job Experience Form**  
**Fax to CTA (808) 234-5470**

**Include** this form with your **CCFFH Application** or **SCG Application** to work in a **3-Bed CCFFH**. Complete **ALL** Boxes. See Job Experience Form Instructions for details. All experience should be verifiable. **INCLUDE Job Verification Letters.**

**Full Legal Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_  **PCG** or  **SCG**

**PRINT CLEARLY:** Use an additional sheet(s) of paper if necessary

Employer or Company Name, Address & Phone Number	Job Title & Duties Performed	Hours Per Week	Start Date	End Date	Total Hours

**Total Hours:** \_\_\_\_\_

By signing this document, I verify that all the information is true and correct. Should the information be found to be incorrect, falsified or otherwise untrue, I understand my application can be denied or my certification revoked. I understand a copy of this form will be kept on file at my CCFFH.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_