



MAJOR RESPONSIBILITIES: \_\_\_\_\_

TYPES OF CLIENTS: (e.g. abuse, health, public assistance, parenting, employment) \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

HOURS PER WEEK: \_\_\_\_\_

**Organization:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

MAJOR RESPONSIBILITIES: \_\_\_\_\_

TYPES OF CLIENTS: (e.g. abuse, health, public assistance, parenting, employment) \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

HOURS PER WEEK: \_\_\_\_\_

Please copy this form if you need to list other relevant work experience. The above information is true to the best of my knowledge.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please return this form with your application for admission to:

OFFICE OF ADMISSION  
Concordia University  
2811 NE Holman Street  
Portland, OR 97211-6099



CONCORDIA  
UNIVERSITY

CU  
19  
05