

Statement of Experience or Attach Résumé



Graduate Center • Azusa Pacific University

Please print or type.

Program code: _____

Applicant's name _____
Last Maiden (if applicable) First Middle Initial

Social Security number _____ - _____ - _____ Program name _____
(See page 16.)

Employer _____
Company Address

Applicant's signature _____ Date _____

Please provide record of relevant paid and volunteer assignments. List most recent experience first. For each assignment, provide a brief description of your responsibilities.

If the program for which you are applying requires verification of experience (see Departmental Application Procedures, pages 2-14), your supervisor must sign this form.

DATES EMPLOYED	LOCATION	ASSIGNMENT
From: _____ To: _____		
EMPLOYER OR SUPERVISOR	TITLE OF SUPERVISOR	PHONE NUMBER ()
BRIEF DESCRIPTION OF RESPONSIBILITIES		
Hours/Week		

DATES EMPLOYED	LOCATION	ASSIGNMENT
From: _____ To: _____		
EMPLOYER OR SUPERVISOR	TITLE OF SUPERVISOR	PHONE NUMBER ()
BRIEF DESCRIPTION OF RESPONSIBILITIES		
Hours/Week		

DATES EMPLOYED	LOCATION	ASSIGNMENT
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BRIEF DESCRIPTION OF RESPONSIBILITIES		
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BRIEF DESCRIPTION OF RESPONSIBILITIES		
Hours/Week		

Physical Therapy applicants

Please specify if situations include therapy experience for:

- Transporter Modalities Observation Clerical Exercise Other (describe)

Please photocopy this form as necessary to obtain each supervisor's signature needed.

Supervisor's signature _____ Date _____

Supervisor's name (print) _____ Position _____