

TRACK YOUR WORK HISTORY!

(Complete one of these forms for EACH job you've had)

Job Title:

Rate of pay: \$ _____. _____/hour Average # of hours per week: _____

Date Job Began and Ended (state date, month and year, for example 6/1/15 to 8/30/15):

Date job began: _____ Date job ended: _____

Job Duties:

List all help you received to work (for example: you were placed in the job by a teacher, or a vocational counselor; a parent created a job for you, a job coach helped you get and learn a job etc.)

State the name and phone # of the person or agency that helped you work:

Special Conditions of the job due to your disability (for example: you were given fewer hours to work than other workers, you were given more time to complete your duties than other workers, you were given more breaks or longer breaks than other workers etc.)

If this job ended state the reason (for example: I quit, it was a short term job, I was fired, I couldn't perform the duties)

Name

Signature

SSN

Date