STATE OF CALIFORNIA
BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
OCCUPATIONAL LICENSING

SUPPLEMENTAL EMPLOYMENT INFORMATION

NOTE: READ CAREFULLY

THE APPLICATION FOR A DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT OCCUPATIONAL LICENSE YOU RECENTLY SUBMITTED DOES NOT CONTAIN A COMPLETE EMPLOYMENT HISTORY. IN THE SPACE PROVIDED BELOW, PLEASE LIST YOUR COMPLETE EMPLOYMENT RECORD FOR THE PERIODS PREVIOUSLY OMITTED [INCLUDING THE PERIODS OF UNEMPLOYMENT, MILITARY SERVICE, SCHOOLING, INCARCERATION, ETC. FOR THE PAST FIVE (5) YEARS].

SECTION 1 – PERSONAL INFORMATION

NAME: _____
Last *First* *Middle*

SECTION 2 – EMPLOYMENT HISTORY

FROM MO YR	TO MO YR	TITLE AND DUTIES PERFORMED	EMPLOYER NAME, ADDRESS, TYPE OF BUSINESS

SECTION 3 – CERTIFICATION BY APPLICANT

I CERTIFY UNDER PENALTY OF PERJURY THAT THE ANSWERS AND INFORMATION CONTAINED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ACKNOWLEDGE THAT I AM NOT AUTHORIZED TO ACT IN THE CAPACITY OF A LICENSEE UNTIL I RECEIVE A TEMPORARY PERMIT OR LICENSE FROM THE DEPARTMENT.

SIGNATURE: _____ DATE: _____

EXECUTED IN THE COUNTY OF: _____ STATE OF: _____