



STATE UNIVERSITY OF NEW YORK

Employment History Addendum

Name (Last, First M.I.)				Position			
Continue with past work, military and volunteer experience.							
FROM:	Month	Year	Employer's Name			Department/Division	
TO:	Month	Year	Employer's Address (City, State, Zip)			Supervisor's Name	
Phone Number ()		Current Base Compensation \$		Bonus/Commissions (If applicable) \$	Hours worked per week	Reason for Leaving:	
Brief Description of Duties:							
FROM:	Month	Year	Employer's Name			Department/Division	
TO:	Month	Year	Employer's Address (City, State, Zip)			Supervisor's Name	
Phone Number ()		Current Base Compensation \$		Bonus/Commissions (If applicable) \$	Hours worked per week	Reason for Leaving:	
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