



State of Connecticut
Department of Banking
Consumer Credit Division
260 Constitution Plaza, Hartford, CT 06103-1800



WORK EXPERIENCE FORM

**ATTACHMENT FOR QUESTION 8A:
CHRONOLOGICAL LISTING OF WORK EXPERIENCE IN THE PAST FIVE YEARS**

INSTRUCTIONS: Type or print answers to **ALL** questions. Please sign and date the form.

***You must fill out this application completely even if a resume is being attached.**

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|---|---------|--|---------------------------------------|--|
| CURRENT EMPLOYER/ COMPANY NAME | | | LICENSE NO. | |
| NAME (Last) & SUFFIX (SR, JR., etc.) | (First) | (MI) | Date of Birth ____ / ____ / ____ | |
| RESIDENTIAL ADDRESS (Number and Street) | | | | |
| CITY | | STATE | ZIP CODE (Last 4 digits are optional) | |
| E-mail Address: | | Registered as a Loan Originator in Connecticut? Yes No If Yes, Registration Number: | | |

INSTRUCTIONS

Beginning with your **PRESENT OR MOST RECENT** employment and **working backwards**, list all positions held **which are necessary for determining your eligibility for supervisory authority**. List all positions (titles) separately, even if with the same employer. Clearly describe the work (duties) you personally performed. If additional space is required, attach an 8 1/2" x 11" sheet, **using the same format**. Continue the number sequence for additional jobs listed.

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|---|---|----------------------|--|------------------------------|--|
| Official Job title (Start with most recent job) | | Company Name | | CT License # (if applicable) | |
| Title of Immediate Supervisor | | Business Address | | Business Phone No. | |
| Employed From: ____ / ____ / ____ (Mo.) (Day) (Yr.) | Employed To: ____ / ____ / ____ (Mo.) (Day) (Yr.) | Total (Yrs. Mos.) | | | |
| DETAILED DESCRIPTION OF DUTIES (must be listed) | | | | | |
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| Official Job title (Start with most recent job) | | | Company Name | | CT License # (if applicable) |
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| Employed From: ____ / ____ / ____ (Mo.) (Day) (Yr.) | Employed To: ____ / ____ / ____ (Mo.) (Day) (Yr.) | Total (Yrs. Mos.) | | | |
| DETAILED DESCRIPTION OF DUTIES (must be listed) | | | | | |
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| Title of Immediate Supervisor | | Business Address | | Business Phone No. | |
| Employed From: ____ / ____ / ____ (Mo.) (Day) (Yr.) | Employed To: ____ / ____ / ____ (Mo.) (Day) (Yr.) | Total (Yrs. Mos.) | | | |
| DETAILED DESCRIPTION OF DUTIES (must be listed) | | | | | |
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| Employed From: ____ / ____ / ____ (Mo.) (Day) (Yr.) | Employed To: ____ / ____ / ____ (Mo.) (Day) (Yr.) | Total (Yrs. Mos.) | | | |
| DETAILED DESCRIPTION OF DUTIES (must be listed) | | | | | |
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CERTIFICATION: I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith.

SIGNED: _____

DATED: _____