



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.**

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.

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)					

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.)				
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Employed From: ____ / ____ / ____ (Mo.) (Day) (Yr.)		Employed To: ____ / ____ / ____ (Mo.) (Day) (Yr.)		Total (Yrs. Mos.)				
DETAILED DESCRIPTION OF DUTIES (must be listed)								

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: _____