

**OKALOOSA COUNTY  
Work History Affidavit**

Name of Applicant \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

**WORK EXPERIENCE**

**Must be listed in chronological order, starting with the most current employment. You may attach additional sheets if necessary in order to give complete and detailed information.**

EMPLOYER \_\_\_\_\_ YOUR TITLE \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

START DATE \_\_\_\_\_ END DATE \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

YOUR SPECIFIC DUTIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYER \_\_\_\_\_ YOUR TITLE \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

START DATE \_\_\_\_\_ END DATE \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

YOUR SPECIFIC DUTIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYER \_\_\_\_\_ YOUR TITLE \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

START DATE \_\_\_\_\_ END DATE \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

YOUR SPECIFIC DUTIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYER \_\_\_\_\_ YOUR TITLE \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

START DATE \_\_\_\_\_ END DATE \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

YOUR SPECIFIC DUTIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYER \_\_\_\_\_ YOUR TITLE \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

START DATE \_\_\_\_\_ END DATE \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

YOUR SPECIFIC DUTIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**STATE OF** \_\_\_\_\_ **COUNTY OF** \_\_\_\_\_

The foregoing document was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by \_\_\_\_\_ who is personally known by me or produced the following identification \_\_\_\_\_

\_\_\_\_\_  
**Signature of Notary Public**

Stamp or Seal: