

IOWA DEPARTMENT FOR THE BLIND

WORK HISTORY/JOB

SKILLS

Last: _____ First: _____ MI: _ SSN: ____ - ____ - ____
Street: _____ City: _____ County: _____
Zip: _____
Phone: ____ - ____ - ____ Birthdate: _____
Case Manager: _____ Media of Choice: LP/B

Job Title: _____
Employer Name and Address: _____

Date Started: _____ Date Left: _____
mm/dd/yyyy mm/dd/yyyy

Reason for leaving: _____

Duties: _____

Job Skills: _____

Weekly Wages: \$ _____
Hours worked per week: _____

Job Title: _____
Employer Name and Address: _____

Date Started: _____ Date Left: _____
mm/dd/yyyy mm/dd/yyyy

Reason for leaving: _____

Duties: _____

Job Skills:

Weekly Wages: \$ _____

Hours worked per week: _____

Job Title: _____

Employer Name and Address:

Date Started: _____
mm/dd/yyyy

Date Left: _____
mm/dd/yyyy

Reason for leaving:

Duties:

Job Skills:

Weekly Wages: \$ _____

Hours worked per week: _____

Job Title: _____

Employer Name and Address:

Date Started: _____
mm/dd/yyyy

Date Left: _____
mm/dd/yyyy

Reason for leaving:

Duties:

Job Skills:

Weekly Wages: \$ _____

Hours worked per week: _____