

STATE OF CALIFORNIA
 BUSINESS, TRANSPORTATION AND HOUSING AGENCY
 DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
 DIVISION OF CODES AND STANDARDS
 OCCUPATIONAL LICENSING



SUPPLEMENTAL EMPLOYMENT INFORMATION

NOTE: (READ CAREFULLY)

THE APPLICATION FOR AN HCD OCCUPATIONAL LICENSE YOU RECENTLY SUBMITTED DOES NOT CONTAIN A COMPLETE EMPLOYMENT HISTORY. IN THE SPACE PROVIDED BELOW, PLEASE LIST YOUR COMPLETE EMPLOYMENT RECORD FOR THE PERIODS PREVIOUSLY OMITTED (INCLUDING THE PERIODS OF UNEMPLOYMENT, MILITARY SERVICE, SCHOOLING, INCARCERATION, ETC. FOR THE PAST FIVE (5) YEARS).

SECTION 1 – PERSONAL INFORMATION

NAME: _____
Last
First
Middle

SECTION 2 – EMPLOYMENT HISTORY

| FROM MO | YR | TO MO | YR | TITLE AND DUTIES PERFORMED | EMPLOYERS NAME, ADDRESS, TYPE OF BUSINESS |
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SECTION 3 – CERTIFICATION BY APPLICANT

I CERTIFY UNDER PENALTY OF PERJURY THAT THE ANSWERS AND INFORMATION CONTAINED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ACKNOWLEDGE THAT I AM NOT AUTHORIZED TO ACT IN THE CAPACITY OF A LICENSEE UNTIL I RECEIVE A TEMPORARY PERMIT OR LICENSE FROM THE DEPARTMENT.

SIGNATURE: _____ DATE: _____

EXECUTED IN THE COUNTY OF: _____ STATE OF: _____