

Construction Health and Safety
Technician®
CHST
EXPERIENCE FORM



Please type or print. Provide all information requested. See CHST Candidate Handbook for instructions.

APPLICANT

APPLICANT NAME	_____			
	<i>First</i>	<i>MI</i>	<i>Last/Family</i>	<i>Maiden Name (if applicable) Other Legal Name (if applicable)</i>

POSITION

Position Title: _____		EMPLOYED IN POSITION	
		FROM (Mo/Yr)	TO (Mo/Yr)
Position Type: <input type="checkbox"/> Full-Time (at least 30 hrs/wk) <input type="checkbox"/> Part-Time (less than 30 hrs/wk)	Portion of Position Time Involving Health and Safety Work: <input type="checkbox"/> 70-100% <input type="checkbox"/> 35-69% <input type="checkbox"/> Less than 35% <input type="checkbox"/> None		
Briefly describe four primary duties of this position:			
1. _____			
2. _____			
3. _____			
4. _____			

EXPERIENCE DATA FOR THIS POSITION (Enter months or hours in any applicable category.)

Construction Experience		Supervisor/Management Experience		Safety and Health Position	
No. of Months	No. of Hours	No. of Months	No. of Hours	No. of Months	No. of Hours

EMPLOYER DATA FOR THIS POSITION

Employer's Name	Employer's Phone (A/C) (Number)	Is construction a major portion of this company's business? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer's Address _____ _____ _____ City State/Province Zip Code/Postal Code Country		
Supervisor's Name		