

BCSP

2301 W. Bradley Avenue, Champaign, Illinois 61821

Phone: +1 217-359-9263 Fax: +1 217-359-0055

Email: bcsp@bcsp.org Web: www.bcsp.org**Occupational Health and Safety Technologist®/****Certified Loss Control Specialist****EXPERIENCE FORM**

Please type or print. Provide all information requested. Make copies as needed. See *OHST/CLCS Candidate Handbook* for instructions. Additional copies can be downloaded from the web site at www.bcsp.org/ohst_clcs.

APPLICANT

| | | | |
|------------------|--|----------------------------------|----|
| Applicant's Name | | | |
| | Last/FamilyMaiden Name (if applicable) | Other Legal Name (if applicable) | MI |

POSITION

| | | | |
|--|--|---|---|
| Position Title | | | |
| 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"/> 35-70% <input type="checkbox"/> Less than 35% | TIME EMPLOYED IN POSITION From (MM/YY) | TIME EMPLOYED IN POSITION To (MM/YY) |
| Briefly Describe Four Primary Duties of this Position | | | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

EMPLOYER DATA FOR THIS POSITION

| | |
|-----------------------------|-------------------|
| Employer's Name and Address | Supervisor's Name |
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