

**Construction Health and Safety Technician®**  
**CHST EXPERIENCE UPDATE FORM**



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

**APPLICANT**

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