

# OHST/CLCS EXPERIENCE UPDATE 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 website at [www.bccsp.org/ohst\\_clcs](http://www.bccsp.org/ohst_clcs).*

## APPLICANT

<b>APPLICANT'S NAME</b>	<i>Last/Family</i>	<i>First</i>	<i>Mi</i>
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## POSITION

Position Title:		TIME EMPLOYED IN POSITION	
Position Type: <input type="checkbox"/> Full-Time (at least 30 hrs/wk) <input type="checkbox"/> Part-Time (less than 30 hrs/wk)		FROM: (Mo/Yr)	TO: (Mo/Yr)
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%			
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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