

CHEST

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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.cchest.org.

APPLICANT

Applicant's Name				
	Last/FamilyMaiden Name (if applicable)	Other Legal Name (if applicable)	First	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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