

STATE OF CALIFORNIA  
 BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY  
 DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT  
 DIVISION OF CODES AND STANDARDS  
 OCCUPATIONAL LICENSING



**SUPPLEMENTAL EMPLOYMENT INFORMATION**

NOTE: READ CAREFULLY

THE APPLICATION FOR A DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT OCCUPATIONAL LICENSE YOU RECENTLY SUBMITTED DOES NOT CONTAIN A COMPLETE EMPLOYMENT HISTORY. IN THE SPACE PROVIDED BELOW, PLEASE LIST YOUR COMPLETE EMPLOYMENT RECORD FOR THE PERIODS PREVIOUSLY OMITTED [INCLUDING THE PERIODS OF UNEMPLOYMENT, MILITARY SERVICE, SCHOOLING, INCARCERATION, ETC. FOR THE PAST FIVE (5) YEARS].

**SECTION 1 – PERSONAL INFORMATION**

NAME: \_\_\_\_\_  
*Last*
*First*
*Middle*

**SECTION 2 – EMPLOYMENT HISTORY**

FROM MO	YR	TO MO	YR	TITLE AND DUTIES PERFORMED	EMPLOYER NAME, ADDRESS, TYPE OF BUSINESS

**SECTION 3 – CERTIFICATION BY APPLICANT**

I CERTIFY UNDER PENALTY OF PERJURY THAT THE ANSWERS AND INFORMATION CONTAINED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ACKNOWLEDGE THAT I AM NOT AUTHORIZED TO ACT IN THE CAPACITY OF A LICENSEE UNTIL I RECEIVE A TEMPORARY PERMIT OR LICENSE FROM THE DEPARTMENT.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EXECUTED IN THE COUNTY OF: \_\_\_\_\_ STATE OF: \_\_\_\_\_