



BASW Social Service Experience Form

Please list your paid and unpaid social service experience below. You do not need to list enough experiences to fill the entire document, just list the experiences you have to date and make extra copies of this page if you need to list more experiences than the provided space allows. Include the number of hours you worked each week and the total number of hours worked. Please calculate and report your total reported hours at the bottom of this form.

Please mark this box if you currently do not have any service hours to report. If this box is marked, there is no requirement to complete any other section of this form.

Form with three identical sections for reporting social service experience. Each section includes fields for Employer/Agency, Dates Employed (From/To), Address (Number and Street, City, State, Zip), Job Title, Name of Supervisor (MSW? Yes/No), Supervisor Telephone, Hours per Week, and Total Hours (Paid/Unpaid, Full Time/Part Time). A final row contains 'Total Social Service Hours Reported:' and 'Your Name:'.

<b>Employer/Agency</b>			Dates Employed	From:	To:
Address (Number and Street)			Description of Duties		
City	State	Zip			
Job Title					
Name of Supervisor (MSW? <input type="checkbox"/> Yes <input type="checkbox"/> No)		Supervisor Telephone			
<b>Hours per Week</b>	<b>Total Hours</b>	<input type="checkbox"/> Paid <input type="checkbox"/> Full Time <input type="checkbox"/> Unpaid <input type="checkbox"/> Part Time			
<b>Employer/Agency</b>					
Address (Number and Street)			Description of Duties		
City	State	Zip			
Job Title					
Name of Supervisor (MSW? <input type="checkbox"/> Yes <input type="checkbox"/> No)		Supervisor Telephone			
<b>Hours per Week</b>	<b>Total Hours</b>	<input type="checkbox"/> Paid <input type="checkbox"/> Full Time <input type="checkbox"/> Unpaid <input type="checkbox"/> Part Time			
<b>Employer/Agency</b>					
Address (Number and Street)			Description of Duties		
City	State	Zip			
Job Title					
Name of Supervisor (MSW? <input type="checkbox"/> Yes <input type="checkbox"/> No)		Supervisor Telephone			
<b>Hours per Week</b>	<b>Total Hours</b>	<input type="checkbox"/> Paid <input type="checkbox"/> Full Time <input type="checkbox"/> Unpaid <input type="checkbox"/> Part Time			
<b>Total Social Service Hours Reported:</b>					