



SCHOOL OF SOCIAL WORK

UNIVERSITY of WASHINGTON

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.

Employer/Agency			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			
Hours per Week	Total Hours	<input type="checkbox"/> Paid <input type="checkbox"/> Full Time <input type="checkbox"/> Unpaid <input type="checkbox"/> Part Time			
Employer/Agency					
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			
Hours per Week	Total Hours	<input type="checkbox"/> Paid <input type="checkbox"/> Full Time <input type="checkbox"/> Unpaid <input type="checkbox"/> Part Time			
Employer/Agency					
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			
Hours per Week	Total Hours	<input type="checkbox"/> Paid <input type="checkbox"/> Full Time <input type="checkbox"/> Unpaid <input type="checkbox"/> Part Time			
Total Social Service Hours Reported:					

Employer/Agency			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			
Hours per Week	Total Hours	<input type="checkbox"/> Paid <input type="checkbox"/> Full Time <input type="checkbox"/> Unpaid <input type="checkbox"/> Part Time			
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Hours per Week	Total Hours	<input type="checkbox"/> Paid <input type="checkbox"/> Full Time <input type="checkbox"/> Unpaid <input type="checkbox"/> Part Time			
Total Social Service Hours Reported:					