TIME DEFICIENCY FORM

Name:		**Application #**	

We must account ***for any/all time from your 18th birthday to present.*** Please complete this form to the best of your recollection for the times indicated.

EDUCATION

Start Month	**Start Year**	**End Month**	**End Year**	**Name of Institution**	**City**	**State**	**Degree**

WORK HISTORY

Start Month	**Start Year**	**End Month**	**End Year**	**Name of Employer**	**City**	**State**	**Job Title**

OTHER ACTIVITY

Start Month	**Start Year**	**End Month**	**End Year**	**Other Activity** (example: Unemployed, Summer Break, Stay at home parent, etc.)	**City**	**State**