CS-1704
REV 1/2012

State of Michigan
Civil Service Commission
OFFICE OF CLASSIFICATIONS, SELECTIONS, AND COMPENSATION

REQUEST FOR PRIOR EMPLOYMENT HISTORY

INSTRUCTIONS: List the employee's current name, birth date, and social security number and then list all the names used previously with the job title/classification, department/agency, and dates of employment while using that name.

RETURN TO: Civil Service Commission
Office of Classifications, Selections, and Compensation
Third Floor, Capitol Commons Center
400 South Pine Street, P.O. Box 30002, Lansing, MI 48909
PHONE: (517) 241-8165 — FAX: (517) 241-8815

PLEASE PRINT OR TYPE LEGIBLY

Requesting Department/Agency	**Date**
Contact Person	**Phone Number**
Mailing Address	**Fax Number**

Employee's Current Name **(Last)** **(First)**	**Birth Date**	**Social Security No.**

Name(s) Employed Under (if other than current) **(Last)** **(First)**	**Reason for Request**	**Job Title/Classification**
Department/Agency	**Dates of Employment** **From:** **To:**	

Name(s) Employed Under (if other than current) **(Last)** **(First)**	**Job Title/Classification**
Department/Agency	**Dates of Employment** **From:** **To:**

Name(s) Employed Under (if other than current) **(Last)** **(First)**	**Job Title/Classification**
Department/Agency	**Dates of Employment** **From:** **To:**

Additional information about this employment record (breaks in service, seasonal, P.I., etc.):