

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.):