



This supplemental form is to accompany Berry Mountain Enterprises, LLC's Application for Employment (form AEX050219). Complete this supplemental application in its' entirety. If this supplemental application is not fully completed, neither this supplemental application nor the main application (form AEX050219) will be looked at by Berry Mountain Enterprises, LLC or any of its divisions and you will not be considered for employment. After you complete this supplemental application, attach it to the main application (form AEX050219) and return it to any Berry Mountain Enterprises, LLC office location.

Supplemental Work History Form

Section 1. Applicant's Basic Information Recap

Last Name [ \_\_\_\_\_ ] First Name [ \_\_\_\_\_ ] MI [ \_\_\_\_\_ ]  
Drivers License State/Number [ \_\_\_\_\_ ] SSN [ \_\_\_\_\_ ]

Section 2. Applicant's Supplemental Work History  
-continued-

Additional #1

Company Name [ \_\_\_\_\_ ] Start Date [ \_\_\_\_\_ ] End Date [ \_\_\_\_\_ ]  
City/Town [ \_\_\_\_\_ ] State [ \_\_\_\_\_ ] Phone Number [ \_\_\_\_\_ ]  
Your position/Title [ \_\_\_\_\_ ] Pay Rate [ \_\_\_\_\_ ] Rate Per [ \_\_\_\_\_ ]  
Supervisor's Name [ \_\_\_\_\_ ] Reason for Leaving [ \_\_\_\_\_ ]  
What job duties did you perform? [ \_\_\_\_\_ ]  
Full-time/Part-time/Seasonal [ \_\_\_\_\_ ] Number of people you supervised? [ \_\_\_\_\_ ]  
Your name, if different, at the time of employment [ \_\_\_\_\_ ]  
May we contact this employer? Yes [ ] No [ ] If no, why? [ \_\_\_\_\_ ]

Additional #2

Company Name [ \_\_\_\_\_ ] Start Date [ \_\_\_\_\_ ] End Date [ \_\_\_\_\_ ]  
City/Town [ \_\_\_\_\_ ] State [ \_\_\_\_\_ ] Phone Number [ \_\_\_\_\_ ]  
Your position/Title [ \_\_\_\_\_ ] Pay Rate [ \_\_\_\_\_ ] Rate Per [ \_\_\_\_\_ ]  
Supervisor's Name [ \_\_\_\_\_ ] Reason for Leaving [ \_\_\_\_\_ ]  
What job duties did you perform? [ \_\_\_\_\_ ]  
Full-time/Part-time/Seasonal [ \_\_\_\_\_ ] Number of people you supervised? [ \_\_\_\_\_ ]  
Your name, if different, at the time of employment [ \_\_\_\_\_ ]  
May we contact this employer? Yes [ ] No [ ] If no, why? [ \_\_\_\_\_ ]



Additional #3

Company Name [ \_\_\_\_\_ ] Start Date [ \_\_\_\_\_ ] End Date [ \_\_\_\_\_ ]  
City/Town [ \_\_\_\_\_ ] State [ \_\_\_\_\_ ] Phone Number [ \_\_\_\_\_ ]  
Your position/Title [ \_\_\_\_\_ ] Pay Rate [ \_\_\_\_\_ ] Rate Per [ \_\_\_\_\_ ]  
Supervisor's Name [ \_\_\_\_\_ ] Reason for Leaving [ \_\_\_\_\_ ]  
What job duties did you perform? [ \_\_\_\_\_ ]  
Full-time/Part-time/Seasonal [ \_\_\_\_\_ ] Number of people you supervised? [ \_\_\_\_\_ ]  
Your name, if different, at the time of employment [ \_\_\_\_\_ ]  
May we contact this employer? Yes [ ] No [ ] If no, why? [ \_\_\_\_\_ ]

Additional #4

Company Name [ \_\_\_\_\_ ] Start Date [ \_\_\_\_\_ ] End Date [ \_\_\_\_\_ ]  
City/Town [ \_\_\_\_\_ ] State [ \_\_\_\_\_ ] Phone Number [ \_\_\_\_\_ ]  
Your position/Title [ \_\_\_\_\_ ] Pay Rate [ \_\_\_\_\_ ] Rate Per [ \_\_\_\_\_ ]  
Supervisor's Name [ \_\_\_\_\_ ] Reason for Leaving [ \_\_\_\_\_ ]  
What job duties did you perform? [ \_\_\_\_\_ ]  
Full-time/Part-time/Seasonal [ \_\_\_\_\_ ] Number of people you supervised? [ \_\_\_\_\_ ]  
Your name, if different, at the time of employment [ \_\_\_\_\_ ]  
May we contact this employer? Yes [ ] No [ ] If no, why? [ \_\_\_\_\_ ]

Additional #5

Company Name [ \_\_\_\_\_ ] Start Date [ \_\_\_\_\_ ] End Date [ \_\_\_\_\_ ]  
City/Town [ \_\_\_\_\_ ] State [ \_\_\_\_\_ ] Phone Number [ \_\_\_\_\_ ]  
Your position/Title [ \_\_\_\_\_ ] Pay Rate [ \_\_\_\_\_ ] Rate Per [ \_\_\_\_\_ ]  
Supervisor's Name [ \_\_\_\_\_ ] Reason for Leaving [ \_\_\_\_\_ ]  
What job duties did you perform? [ \_\_\_\_\_ ]  
Full-time/Part-time/Seasonal [ \_\_\_\_\_ ] Number of people you supervised? [ \_\_\_\_\_ ]  
Your name, if different, at the time of employment [ \_\_\_\_\_ ]  
May we contact this employer? Yes [ ] No [ ] If no, why? [ \_\_\_\_\_ ]

**Section 3. Acknowledgement**

By signing below I certify that the facts and information contained in this application (and all supporting documentation) are true and complete to the best of my knowledge at the time of signing this application. I understand that all other conditions of acknowledgement on application form AEX050219 are applicable to this acknowledgement.

Signature [ \_\_\_\_\_ ] Date [ \_\_\_\_\_ ]