



NEVADA STATE CONTRACTORS BOARD ATTACHMENT B

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www.nscb.nv.gov

RESUME OF EXPERIENCE

EXPERIENCE RECORD OF: _____
(Print name of qualified individual)

APPLYING COMPANY NAME: _____

Employer's Name: _____

Address: _____
(Street, City, State, Zip)

Phone: _____ Email: _____

Position(s) held for this employer: _____
(Examples: Journeyman, Foreman, Supervisor, Contractor, Self-Employed)

Describe in detail the work performed. Details should be specific to the classification's scope of work you are applying for (attach separate page if necessary):

Date of Employment:

From: _____ To: _____
(mm/dd/yy) (mm/dd/yy)

Check One:

- Full-Time
- Part-Time (specify aggregate total):

Year(s): _____ Month(s): _____

Employer's Name: _____

Address: _____
(Street, City, State, Zip)

Phone: _____ Email: _____

Position(s) held for this employer: _____
(Examples: Journeyman, Foreman, Supervisor, Contractor, Self-Employed)

Describe in detail the specific type and/or scope of work performed (attach separate page if necessary):

Date of Employment:

From: _____ To: _____
(mm/dd/yy) (mm/dd/yy)

Check One:

- Full-Time
- Part-Time (specify aggregate total):

Year(s): _____ Month(s): _____

