

**Addictive Disorder Regulatory Authority
(ADRA)**

**APPLICATION FOR LPP, CPP or RPP
EMPLOYMENT HISTORY**

NAME: _____ Date: _____
List employment for at least the past 10 years, in reverse order (begin with present/last). (make copies as needed.)

Dates: from _____ to _____ Prevention _____

Employer: _____

Address: _____

Supervisor: _____ Phone: (_____) _____ - _____

Position: _____ Full-time: _____ Part-time: _____
Average hours worked weekly

Duties: _____

Dates: from _____ to _____ Prevention _____

Employer: _____

Address: _____

Supervisor: _____ Phone: (_____) _____ - _____

Position: _____ Full-time: _____ Part-time: _____
Average hours worked weekly

Duties: _____

Dates: from _____ to _____ Prevention _____

Employer: _____

Address: _____

Supervisor: _____ Phone: (_____) _____ - _____

Position: _____ Full-time: _____ Part-time: _____
Average hours worked weekly

Duties: _____
