

Subject Area	Self Rating			T - 14 - Occupational Experience				Date of Experience		Amount of Experience
	Strong - (S)	Avg - (A)	Weak - (W)	Nature & type of experience. Please indicate: (✓)				From	To	Total Hours
				(1) employed - list employer name or (2) self-employed						
	S	A	W	1	2	Employer Name				
Beef										
Sheep										
Swine										
Dairy										
Poultry/Small Animals										
Other: specify										
Animal Feeds										
Field/Forage Crops										
Vegetable Crops										
Viticulture										
Tree Crops										
Ag Chem/Soils/Fertilizers										
Irrigation										
Ag Management/Sales										
Food Processing										
Om. Nursery Practices										
Landscape Design, Inst., Maint.										
Environmental Services										
Floriculture/Floral Design										
Forestry/Natural Resources										
FFA										
SOEP/SAE/SPE										
Record Books (Vo-Ag)										
Ag Computer Applications										
Ag Shop Safety										
Welding - Arc/Oxy										
Hand/Power Tools										
Farm Equip. Operation/Maint.										
Concrete/Elect./Plumbing										
Gas/Diesel										
Small Engines										
Farm Structures/Equip. Const.										
Other Ag Mech.										
<b>Grand Total Hours:</b>									0	