

NAME: \_\_\_\_\_

**SUPPLEMENTAL FORM FOR PERSONNEL PROGRAM MANAGER**

In order to ensure that you receive the maximum credit to which you are entitled, it is essential that you complete this form as accurately and completely as possible. Be sure to list each change in job title or promotion separately. When describing your duties and responsibilities, avoid the use of vague and ambiguous terms such as “see attached resume,” “managed,” “was responsible for,” etc. This form may be duplicated or you may attach plain sheets of paper if additional space is needed.

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II. Do you possess Specialized Experience as described in the job announcement?

Yes \_\_\_\_\_ No \_\_\_\_\_

If “Yes,” please provide the following information:

A. Name of Employer \_\_\_\_\_

B. Your Job Title \_\_\_\_\_

C. Complete Dates You Held That Title: from \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
month year month year

D. Average Number of Hours Worked Per Week \_\_\_\_\_

I. Name and Title of Your Immediate Supervisor \_\_\_\_\_

J. A description of the personnel program or department you worked in. Describe what functions the personnel department/program was responsible for, number of employees in the company, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

K. A detailed description of your personnel management duties and responsibilities. Describe how you applied your knowledge of personnel administration. Give specific examples which will clearly depict the exact nature of your work.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



IV. Are You Claiming a Substitution of Education for Experience?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes," please submit a copy of your transcripts to receive credit.

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I certify that all statements made on this supplemental form are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission whenever discovered, is grounds for the denial of or immediate separation from employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_