PLEASE NOTE: It is your responsibility to make sure that all requested information is complete on this supplemental questionnaire. Only complete supplemental questionnaires will be considered.

RESPONSES TO THE REQUESTED INFORMATION WILL BE REVIEWED, EVALUATED, AND SCORED. IT IS THEREFORE, VERY IMPORTANT THAT YOU PROVIDE A THOROUGH RESPONSE.

PLEASE PROVIDE TYPED OR WORD-PROCESSED RESPONSES ON SEPARATE PAGES.

1. This positions requires sufficient training and experience to demonstrate the knowledge and abilities listed on the job announcement. Please complete the attached form to list this information.

PLEASE NOTE:
What days/times are you available for work?

☐ days only
☐ evenings, after 8:00 p.m.
☐ weekends
☐ all of the above

Please print your name
INSTRUCTIONS: List all professional/work experience related to this assignment that should be considered to determine if you meet the Minimum Qualifications. Be sure to complete all columns. Use additional sheets if necessary. Please print or type.

<table>
<thead>
<tr>
<th>Description of work performed or related classes taught</th>
<th>Name of Employer</th>
<th>Dates of Employment</th>
<th>Full or Part-time</th>
<th># of hours worked/week</th>
<th>Supervisor &amp; phone #</th>
</tr>
</thead>
</table>

I certify that to the best of my knowledge the foregoing statements are complete, true and correct.

Signature ___________________________________________ Date __________________________