

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

**SUPPLEMENTAL FORM FOR PERSONNEL PROGRAM OFFICER**

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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III. 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: \_\_\_\_\_

M. Name and Title of Your Immediate Supervisor: \_\_\_\_\_

\_\_\_\_\_

N. 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.

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

O. 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.

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

P. Please give a breakdown of the average number of hours you spent per week on each of your activities. Use your best estimate.

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II. Do you possess staff specialist experience or supervisory experience in the field of personnel management or labor relations? Yes \_\_\_\_\_ No \_\_\_\_\_

NOTE: THIS EXPERIENCE CANNOT BE GAINED CONCURRENTLY WITH THE EXPERIENCE REQUIRED IN PART I.

If "Yes," please provide the following information:

M. Name of Employer: \_\_\_\_\_

N. Your Job Title: \_\_\_\_\_

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

P. Average Number of Hours Worked Per Week: \_\_\_\_\_

Q. Name and Title of Your Immediate Supervisor: \_\_\_\_\_

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R. A detailed description of your staff specialist or supervisory duties. Describe your involvement in the development and revision of personnel programs and procedures; the types of program evaluations you carried out; the methodology you used to evaluate programs, etc. If applicable, provide a detailed description of your supervisory duties. Indicate the numbers, titles, and functions of any subordinates you routinely supervised. Give specific examples which will clearly depict the scope and level of your work.

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V. 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: \_\_\_\_\_