

**ARTS COMMISSION PROGRAM ASSOCIATE  
SUPPLEMENTAL APPLICATION FORM**

**EXAM NUMBER**     H-8805-B

**Name:** \_\_\_\_\_  
**Social Security No.:** \_\_\_\_\_

This Supplemental Application Form provides you the opportunity to fully and clearly explain your experience that has prepared you for the position of Arts Commission Program Associate. The information provided will be used to determine the level and scope of your preparation for this position.

Complete the Supplemental Application Form by responding to the questions listed below. All of your responses should be typewritten or legibly printed on a separate sheet(s) of paper (8.5"X11"). Be sure to include your name and social security number on each page. Each response must include the name(s) and address(es) of your employer(s), your job title(s), beginning and ending dates, the functions performed, and your specific role in performing those functions. Attach this completed form and your Supplemental Application Form responses to your completed standard Los Angeles County employment application. **Applications submitted without a completed and signed Supplemental Application Form will be considered incomplete and will not be accepted.** Furthermore, resumes and other unsolicited materials will not be accepted in lieu of these two documents.

**Executive Office of the Board of Supervisors  
500 W. Temple Street, Suite 374  
Los Angeles, CA 90012  
Attention: Human Resources Division**

**I. EXPERIENCE: PLEASE RESPOND TO THE FOLLOWING QUESTIONS:**

1. Describe your experience demonstrating excellent organizational, time management skills and strong attention to detail.
2. Describe your experience demonstrating strong writing skills in order to effectively craft proposals, Board letters and reports on behalf of the Arts Commission.
3. Describe your experience prioritizing numerous and conflicting demands while adhering to benchmarks for multiple program initiatives.
4. Describe your experience demonstrating strong public presentation skills to make public presentations about Arts Commission programs and activities.
5. Describe your experience effectively analyzing problems, needs and challenges and recommend solutions for the resolution of issues.

I certify that all statements made on this supplemental application form are true and complete to the best of my knowledge. I am aware that the information on this form is subject to verification. I understand that any false statement(s) of material facts or omissions may subject me to disqualification or dismissal from County employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date