SUPPLEMENTAL APPLICATION

***Note:** This supplemental application **must** be submitted with your County of Los Angeles Sheriff's Department Employment Application. Your answers to the following questions are subject to verification. You will **not** receive credit for project management experience with missing contact information.*

1. How many years of law enforcement, corrections, or detention building design or construction management work experience do you have?

   ☐ None ☐ Less than one year ☐ One to two years ☐ Two to three years ☐ Three to five years

2. For each law enforcement, corrections, or detention building design or construction management project you have managed, please provide the following information. Attach additional sheets as needed.

   A. Client's name and contact information
   B. Brief description of the scope of work
   C. Your major roles and responsibilities
   D. Planning duration (from "date" to "date")
   E. Construction duration (from "date" to "date")
   F. Total square footage
   G. Construction budget and contract amount
   H. Construction contingency amount
   I. Final change order amount and number of change orders
   J. Number of Request For Information and Request For Quotation during construction
   K. Any project-related construction claim or dispute
   L. Number of design changes and additional cost to redesign
   M. Number and job titles of personnel you directly supervised
   N. Project management, scheduling, and budget/financial software you used on the project
   O. Supervisor's name and contact information

3. Please indicate whether you have paid experience using the following software and the number of years and/or months of experience for each.

   ☐ Excel _____ ☐ Microsoft Project _____ ☐ Primavera _____ ☐ Timeline _____ ☐ CAD _____

Certification by the Applicant: I certify that all statements made in this supplemental application are true and complete to the best of my knowledge. I understand that any false statement(s) of material facts may subject me to disqualification or dismissal.

_____ _____ _____

Applicant's Name (Print) Applicant's Signature Date