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. For each experience listed, please provide the job title(s) where you gained this experience, the name of the supervisor(s) who can verify this experience, and his/her contact information. You will* ***not*** *receive credit for any experience with missing contact information.*

1. Please indicate the total number of year(s) and/or month(s) of paid experience you have in operating a Computed Tomography (CT) machine.

   ___ year(s), ___ month(s) Job Title(s): _____

   Supervisor(s):_____ Phone/email: _____

Certification of 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