

# SUPPLEMENTARY WORK EXPERIENCE

## *City of El Paso*

300 N. Campbell, 1<sup>st</sup> Floor, El Paso, TX 79901  
915-212-0045  
<http://www.elpasotexas.gov>

**NAME:**(Last, First, Middle)

Person ID#

**SS #:** (last 4 digits)

**Additional experience for the position of :**

### WORK EXPERIENCE

**DATES:**

From:

To:

**EMPLOYER:**

**PHONE NUMBER:**

**ADDRESS:**(Street, City, State, Zip Code)

**POSITION TITLE:**

**SUPERVISOR:**

**HOURS PER WEEK:**

**SALARY:**

**MAY WE CONTACT THIS EMPLOYER?**

Yes

No

**DUTIES:**

**REASON FOR LEAVING:**

Note: I understand that this information will not be added to my original online application and will only be used to further evaluate the position indicated on this form. \_\_\_\_\_ Initials or  check for electronic initials

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please note: The electronic transmission of this supplement via e-mail will constitute a signature.**