SUPPLEMENTAL F3 FORM

FROM: (MO/YR)	TO: (MO/YR)	RESIDENCE CONTINUATION SHEET. PLEASE LIST ADDITIONAL ADDRESSES GOING BACK TO AGE 16. ADDRESS, CITY, STATE	COUNTY	LANDLORD

PLEASE ANSWER THE BELOW QUESTIONS AND QUESTIONS 8 - 11 ON PAGE 3.

WILL YOU WEAR A UNIFORM?	YES	NO
WILL YOU WORK NIGHTS?	YES	NO
WILL YOU WORK ROTATING SHIFTS?	YES	NO
WILL YOU OCCASIONALLY ACCEPT BEING AWAY FROM HOME OVERNIGHT AND/OR OTHER PERIODS OF TIME ATTENDING MEETINGS, ACQUIRING TRAINING OR OTHERWISE PERFORMING OFFICIAL DUTIES?	YES	NO

Office of the Sheriff
Michael D. Andrews, Sheriff

EMPLOYMENT CONTINUATION SHEET. PLEASE LIST ADDITIONAL EMPLOYMENT HISTORY GOING *BACK TO END OF HIGH SCHOOL.*

EMPLOYER:		ADDRESS:
JOB TITLE:	SUPERVISOR'S NAME	TELEPHONE NUMBER:
DATE EMPLOYED (MO/YR)	STARTING SALARY $ PER	ENDING OR CURRENT SALARY $ PER
DATE SEPARATED (MO/YR)	LIST MAJOR DUTIES IN ORDER OF IMPORTANCE:	
FULL TIME YRS MOS		
PART TIME YRS MOS		
IF PART TIME, HOURS WORKED PER WEEK:		
REASON FOR LEAVING:		

EMPLOYER:		ADDRESS:
JOB TITLE:	SUPERVISOR'S NAME	TELEPHONE NUMBER:
DATE EMPLOYED (MO/YR)	STARTING SALARY $ PER	ENDING OR CURRENT SALARY $ PER
DATE SEPARATED (MO/YR)	LIST MAJOR DUTIES IN ORDER OF IMPORTANCE:	
FULL TIME YRS MOS		
PART TIME YRS MOS		
IF PART TIME, HOURS WORKED PER WEEK:		
REASON FOR LEAVING:		

12/2012

SUPPLEMENTAL F3 FORM

EMPLOYER:		ADDRESS:
JOB TITLE:	SUPERVISOR'S NAME	TELEPHONE NUMBER:
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