



**Harris County Human Resources and Risk Management  
Employment Section**

**SUPPLEMENTAL INFORMATION SHEET**

\*\* Use this form to supplement your application and include additional work experience; use as many copies as needed. To save multiple copies add a number each time you save the file. DATE & SIGNATURE are REQUIRED

Employer:		Job Title:		
Address: (Number/Street/City/State/Zip Code)		Supervisor's Name & Title:		
From: (Month/Year)	To: (Month/Year)	Final Salary:	No. Of Persons Supervised:	Full Time
Reason For Leaving:		May we contact this employer? <b>YES</b> <b>NO</b> Phone Number:		Part Time
				Temporary
Duties:				

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Address: (Number/Street/City/State/Zip Code)		Supervisor's Name & Title:		
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Reason For Leaving:		May we contact this employer? <b>YES</b> <b>NO</b> Phone Number:		Part Time
				Temporary
Duties:				

**DATE:** \_\_\_\_\_

**APPLICANT'S SIGNATURE\*:**

\*You may type your name here, it will be accepted as signature.