

CITY OF TAMPA
Employment Services Division

AUDITOR
Education and Experience Supplemental Form

PART A: EDUCATION

1. List the college degree(s) you have earned.

<u>Degree/Major</u>	<u>College/University</u>	<u>Date Received</u>

2. List the accounting, auditing, statistics and computer courses you have taken and the final grade.

<u>Course Title</u>	<u>Description</u>	<u>Year</u>	<u>Grade</u>

3. List any related training courses or certificates.

PART B: EXPERIENCE

List the last four (4) positions you held for at least six months. You may include military service, but do not go back more than ten (10) years. (Please continue on reverse side,)

JOB #1 (present or most recent employment)

Name & Address of Employer: _____
Your Job Title: _____ From _____ to _____
Your Immediate Supervisor: _____
How large is the firm (members, \$, etc.)? _____
May we contact them for additional information? _____ Telephone No. _____

JOB #2

Name & Address of Employer: _____
Your Job Title: _____ From _____ to _____
Your Immediate Supervisor: _____
How large is the firm (members, \$, etc.)? _____
May we contact them for additional information? _____ Telephone No. _____

JOB #3

Name & Address of Employer: _____
Your Job Title: _____ From _____ to _____
Your Immediate Supervisor: _____
How large is the firm (members, \$, etc.)? _____
May we contact them for additional information? _____ Telephone No. _____

JOB #4

Name & Address of Employer: _____
Your Job Title: _____ From _____ to _____
Your Immediate Supervisor: _____
How large is the firm (members, \$, etc.)? _____
May we contact them for additional information? _____ Telephone No. _____

Describe the number and nature of audits that you participated in, and your role (last 4 jobs). Include any report writing/presentation activities.

ALL INFORMATION YOU PROVIDE IS SUBJECT TO VERIFICATION. PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW BEFORE RETURNING THIS FORM.

I certify that the information I have given is true to the best of my knowledge and give permission for this information to be verified.

Print Your Name Date

Your Signature