

RUSH  
 1831 W. Jefferson  
 Phoenix, Arizona 85007  
 Attn: Employment Verification Section



### EMPLOYMENT HISTORY SUPPLEMENT - SECURITY

Social Security #	Last Name	First Name	Middle Initial
Home Address	City	State	Zip Code
ADC Work Location:			
Home Telephone #:	Work Telephone/Extension:	Message #:	
<p><b>STATEMENT OF CERTIFICATION:</b> By signing this supplement, I certify that the facts contained in this supplement are true and complete to the best of my knowledge. I understand that falsified statements on this application can be grounds for disciplinary action or removal from consideration for eligibility for employment with ADC. I authorize investigation of all statements and information contained herein. Specifically, I authorize the ADC to make all necessary and appropriate investigations allowable by law to verify the information provided.</p>			
Signature:		Date:	

### Work Experience

To receive credit for **qualifying** Non-ADC experience you must attach (with this supplement) written verification, on company letterhead or other official documents from your previous/current employer. The information must include the dates of employment, job title, and description of duties. **Note: Qualifying experience is defined as work that required supervision of incarcerated individuals.**

From (mo/yr):	To (mo/yr):	Job Title:
Type of Organization:		Employer's Name:
Supervisor's Name & Title:		Employer's Complete Address:
		Employer's Telephone Number:
Description of Job Duties:		

Continue on Reverse Side

**WORK EXPERIENCE (cont.)**

From (mo/yr):	To (mo/yr):	Job Title:
Type of Organization:		Employer's Name:
Supervisor's Name & Title:		Employer's Complete Address:  Employer's Telephone Number:
Description of Job Duties:		

From (mo/yr):	To (mo/yr):	Job Title:
Type of Organization:		Employer's Name:
Supervisor's Name & Title:		Employer's Complete Address:  Employer's Telephone Number:
Description of Job Duties:		

**STAFFING UNIT USE ONLY**

Employer #1 experience qualify?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Years/Months Credited
Employer #1 experience qualify?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Years/Months Credited
Employer #1 experience qualify?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Years/Months Credited
			Years/Months Credited
Analyst:	Date:	Total # of Years Credited*	

- Years and months for all employers are totaled. This total is rounded up or down to full years using the standard rounding procedures.
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**COTA USE ONLY**

Personnel Liaison Name:	Date Input into HRIS:
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Distribution: RUSH to send original and documentation to COTA with applicant packet. COTA will input data and forward the original and documentation to Central Office Personnel for inclusion in official personnel file and a copy to the gaining institution for inclusion in institution personnel file.