## ARIZONA NATIONAL GUARD

## Supplement to Application for Employment Applicable Knowledge, Skills and Abilities

For use of this form, see AZ ARNG 690-335-1/AZ ANGR 40-335-1; the proponent agency is HRO

NAME:	DATE:	TITLE OF POSIT	ION APPLIED FOR:	ANNOUNCEMENT #:	
PRESENT POSITION TITLE/GRADE	E:	PRESENT SUPE	RVISOR AND TELEP	HONE#	
This supplement is provided to allow appli for which they are applying. If it is necess "Best Qualified"					
For each KSA shown on the from to the v needed) how you have either demonstrate related project, details, work assignments	ed the KSA or have	shown the potential	to acquire them. Give sp		
You will receive consideration if you do not complete this form; however, an accurate evaluation of your qualifications may bot be possible. This may result in your not being certified.					
KSA FACTOR #1:					
KSA FACTOR #2:					
KSA FACTOR #3:					
KSA FACTOR #4:					

KSA FACTOR #5:	
KSA FACTOR #6:	
KSA FACTOR #7:	
KSA FACTOR #8:	
NOATACTON #0.	
KSA FACTOR #9:	
KSA FACTOR #10:	
KSA FACTOR #11:	
SIGNATURE:	DATE: