

## DEPUTY INSPECTOR SELF- EMPLOYMENT AFFIDAVIT

I DO HEREBY DECLARE THAT I WAS OR AM CURRENTLY SELF-EMPLOYED AND PERFORMED THE DUTIES AS SHOWN AND FOR THE PERIODS NOTED BELOW. THIS SUBMITTAL IS PROVIDED TO VERIFY THE BACKGROUND, KNOWLEDGE AND AS QUALIFICATION FOR THE PRACTICAL EXPERIENCE PRE-REQUISITE FOR DEPUTY INSPECTOR :

| DATES        |        | SELF EMPLOYED            | DUTIES |
|--------------|--------|--------------------------|--------|
| MONTH & YEAR |        | YOUR TITLE:              |        |
| FROM         | TO     |                          |        |
|              |        | ADDRESS                  |        |
| TOTAL        |        |                          |        |
| YEARS        | MONTHS | CITY, STATE AND ZIP CODE |        |
|              |        |                          |        |
|              |        | TELEPHONE #:             |        |

| DATES        |        | SELF EMPLOYED            | DUTIES |
|--------------|--------|--------------------------|--------|
| MONTH & YEAR |        | YOUR TITLE:              |        |
| FROM         | TO     |                          |        |
|              |        | ADDRESS                  |        |
| TOTAL        |        |                          |        |
| YEARS        | MONTHS | CITY, STATE AND ZIP CODE |        |
|              |        |                          |        |
|              |        | TELEPHONE #:             |        |

| DATES        |        | SELF EMPLOYED            | DUTIES |
|--------------|--------|--------------------------|--------|
| MONTH & YEAR |        | YOUR TITLE:              |        |
| FROM         | TO     |                          |        |
|              |        | PROJECT ADDRESS          |        |
| TOTAL        |        |                          |        |
| YEARS        | MONTHS | CITY, STATE AND ZIP CODE |        |
|              |        |                          |        |
|              |        | TELEPHONE #:             |        |

I authorize the City of Los Angeles Materials Control section to obtain current and previous employment verifications. I certify that all statements on this application and attachments are true and complete to the best of my knowledge. I understand that false, misleading or incomplete information shall be sufficient cause for disqualification and other penalties prescribed by law.

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(USE ADDITIONAL PAGES AS ATTACHMENTS IF NEEDED)

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodation to ensure equal access to its programs, services and activities.