

## Additional Information

### Immediate Supervisor

First and last name \_\_\_\_\_

Position \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### Human Resource Contact

First and last name \_\_\_\_\_

Position \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### Experience

Work experience (years) \_\_\_\_\_

Management experience (years) \_\_\_\_\_

### Billing

Invoice associated with the Rochester-Bern CAS can be billed to either your personal or your company address. If you are supported by your company and would like your invoice to be sent there, please fill in your company's billing address below:

Financial support: Choose an item.