

EQUIPMENT OPERATOR II - VACTOR - Supplemental Questionnaire

INSTRUCTIONS: The purpose of the Supplemental Questionnaire is to identify your job related qualifications. The Application and Supplemental Questionnaire must be **fully** completed. Work history listed in the Supplemental Questionnaire **must** also be provided in the Application. Your Application, Supplemental Questionnaire, College Transcripts, and other material will be reviewed and a score assigned based on information submitted.

Failure to submit a Supplemental Questionnaire or answer all questions will result in disqualification. A resumé will **not be accepted** as a substitute for full completion of the required Application and Supplemental Questionnaire. If more space is needed attach additional sheets, limit each response to ½ page.

For positions requiring college education, a legible official or student transcript (copies accepted) issued by the institution must be submitted for verification or you will be disqualified. Computer downloads of student records, grade/advisor reports, degree plans, class schedules, etc. will not satisfy this requirement. For positions that do not require college education, providing transcripts may increase your score and ranking on the employment register. To receive credit for other courses, classes or seminars, a copy of certificate(s) should be submitted with each Application.

FAILURE TO ANSWER ALL QUESTIONS WILL RESULT IN DISQUALIFICATION.

1. This position requires possession of a valid commercial driver's license. Do you possess a valid commercial driver's license?

Yes _____ No _____ Type of CDL _____ Endorsements _____

FAILURE TO SUBMIT A LEGIBLE COPY OF YOUR VALID COMMERCIAL DRIVER'S LICENSE WITH YOUR APPLICATION WILL RESULT IN DISQUALIFICATION

2. What is the **highest grade** that you **completed** in school? _____

3. One year experience operating a **Vactor** is required. Do you have experience operating a **Vactor**?

Yes _____ No _____

4. **Total** number of years experience operating the above listed equipment: _____ years.

5. **Name of Employer(s)** where you operated this equipment: _____

6. Describe your training on the above listed equipment: _____

Certification of Applicant: I hereby certify that I am the author of this questionnaire and that all information presented is true and based on my background, education and experience. I agree and understand that misstatements or omissions of material facts herein may forfeit my rights to employment under the jurisdiction of the Personnel Board for Mobile County.

Date

Signature

