

Required Supplemental Application Form

Applicant Name: _____

OFFICE SPECIALIST

YOU MUST COMPLETE AND RETURN THIS FORM TO BE CONSIDERED AS AN APPLICANT.

Please note:

This supplemental form will be used to rank applicants, so please be complete and accurate in your responses.

1. Do you have a high school diploma or equivalent?
(choose one) **YES** **NO**

2. Do you have two years of administrative support with extensive public interaction?
(choose one) **YES** **NO**

If yes, please explain your administrative support experience:

<u>Organization</u>	<u>Describe admin support duties</u>	<u>Duration</u>
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3. (a) What do you think is the key to providing quality customer service?

(b) Describe how you have demonstrated this in your past work history.

<u>Organization</u>	<u>Describe customer service duties</u>	<u>Duration</u>
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4. Please list your experience with the following computer software programs and your proficiency with each program. Please list and rank any additional program experience. Please rank all programs 1 to 5, with 1 being lowest proficiency to 5 being highest proficiency.

- a. Word Proficiency _____
- b. Excel Proficiency _____
- c. Access Proficiency _____
- d. List other software in which you are proficient: Proficiency _____

5. Have you taken any specialized course work or training in general office/admin support, ordering supplies, zoning, payroll, and/or clerical?

(choose one) **YES** **NO**

If yes, please detail below your course work or training.

Course work or training Date Completed

6. Do you have any knowledge of laws, rules, & regulations affecting city government?

(choose one) **YES** **NO**

If yes, please detail below your experience working with city government.

Organization Duties Performed Duration

7. Do you have any zoning experience?

(choose one) **YES** **NO**

If yes, please detail below your zoning experience and software used.

Organization Duties Performed & software used Duration

8. Do you have any experience with building permit application process?

(choose one) **YES** **NO**

If yes, please detail below your experience and software used.

Organization Duties Performed & Software Used Duration

9. Do you have any experience in composing correspondence, minutes, & other written materials, i.e. typing proficiency/dictation?

(choose one) **YES** **NO**

If yes, please detail below your experience and software used.

Organization Duties Performed & Software Used Duration

10. *Other qualifications:*

Summarize special job-related skills and qualifications acquired from employment, education or other experience.

I hereby certify that all answers contained in this application are true and I agree and understand that any misrepresentation or omission of facts contained in my application for employment or this addendum will be grounds for disqualification for employment, or in the event of employment, immediate dismissal from employment upon later discovery of any omission of facts or misrepresentations.

I further understand that if offered a position, I must submit to and pass a controlled substance screen and will be required to submit to and pass a criminal background check, and employment reference checks.

By my signature on this form, I hereby acknowledge that I have read and understood the above statements. **Failure to sign application forms may result in rejection of your application.**

Applicant's signature: _____

Date: _____