



COUNTY OF LOS ANGELES INTERNAL SERVICES DEPARTMENT

SUPPLEMENTAL QUESTIONNAIRE FORM for POWER EQUIPMENT SPECIFICATION WRITER W-7439-C

Last Name, First Name

XXX – XX –
Last Digits of SS#

General Information

Before completing this form, carefully read the job summary and selection requirements as stated in the official County job bulletin. Submit an application only if you meet the selection requirements. This form must be completed in addition to the official County job application.

This supplemental questionnaire form provides you with an opportunity to elaborate on the training/education and experience that have prepared you for this examination. The information you provide in this form will be used to help us identify candidates who are prepared to assume the responsibilities of the classification and who are likely to be successful on the job if hired. **Note: ALL information that you provide is subject to verification.**

Print or type your name and the last four (4) digits of your Social Security Number on each page of this form where indicated. Read the instructions for each section carefully. If you do not respond to a question, the evaluator will assume that you do not have any experience or training/education in that particular area. **Resumes or referrals to a resume in lieu of a response on the supplemental questionnaire form will be considered a non-response.**

This form and all application materials **must** be returned to the Internal Services Department at the time of filing to the address listed on the official job bulletin. Failure to do so will result in rejection of your application.

CERTIFICATION

I hereby certify that all statements provided in this supplemental questionnaire form are true and complete to the best of my knowledge. I acknowledge that the department may contact my current and past employers or educators to verify the information I have provided on this form. I understand that any falsification or omission of material facts is in violation of the Los Angeles County Code-Civil Service Rules and may subject me to action up to and including being barred from future examinations.

ATTENTION ON-LINE APPLICANTS: An original signature below is NOT required for applicants utilizing the Los Angeles County on-line application system.

Print Name

Signature

Date (mm/dd/yy)

**POWER EQUIPMENT SPECIFICATION WRITER
W-7439-C**

Last Name, First Name

XXX – XX –
Last Digits of SS#

INSTRUCTIONS: Complete the supplemental questionnaire information by responding to the questions listed below. A legible copy of degree and certification(s), if applicable, **MUST** be attached to your application at the time of filing.

Each response for the questions listed below must include the name(s) and addresses of your employer(s), your job title(s), beginning and ending employment dates and the functions performed, including a description of your role. Your response to each question should be type-written or legibly printed and should be no longer than one page (8.5" x 11") per question.

SELECTION REQUIREMENTS:

EXPERIENCE

Please answer the corresponding questions below. If you meet the first selection requirement as indicated on the job bulletin answer question 1. If you meet the second selection requirement as indicated on the job bulletin answer question 2.

1. Describe your experience developing specifications for the acquisition of automotive equipment.
 - Name of company/organization.
 - Size of fleet managed by company/organization.
 - Type and number of automotive equipment purchased.

–OR–

2. Describe your experience supervising the maintenance, repair or alteration of automotive equipment.
 - Type of work performed by staff under your supervision.
 - Number of personnel supervised and their classifications/job titles.

DESIRABLE QUALIFICATIONS:

EDUCATION

1. Do you possess any of the following degrees from an accredited college?

- Bachelors Degree
- Associates Degree
- NO Degree

- Automotive Engineering Technology (AET)
- Automotive Management (AMGT)
- Automotive Service Technology (AST)
- OTHER - Closely related field (please specify):

DESIRABLE QUALIFICATIONS cont.:

CERTIFICATION

Do you possess any relevant certification? YES NO (proceed to next section)

If yes, please place a checkmark (✓) next to EACH certification that you possess (**copies must be attached to receive credit**).

- Automotive Service Excellence Master (ASEM) certification
- Automotive Service Excellence (ASE) certification
- OTHER – Closely related field (please specify) _____

EXPERIENCE

Describe your experience operating a personal computer using software that includes Microsoft Word, Excel. Please include information relative to the types and purpose of documents created utilizing these applications.