



COUNTY OF LOS ANGELES - INTERNAL SERVICES DEPARTMENT
SUPPLEMENTAL QUESTIONNAIRE FORM

BUILDING CRAFTS SUPERINTENDENT I
W-6679-F

Last Name, First Name

XXX - XX -

Last 4 Digits of Social Security #

General Information

This form and all required documents **must** be attached to your standard Online County Application at the time of filing. It is the obligation of each applicant to make sure that his/her application is received before the examination closes. Failure to do so will result in rejection of your application.

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 standard Online County Employment 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 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.**

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.

Print Name

Signature or Electronic Signature

Date (mm/dd/yy)

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INSTRUCTIONS: Please review the job bulletin carefully and complete the Supplemental Questionnaire thoroughly since it will be used with the employment application to assess your qualifications. 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.

EXPERIENCE:

1. Describe your experience conducting presentations or meetings with individuals or groups of people to establish project objectives and/or communicate departmental goals. Provide examples and be specific (include the audience, purpose, and nature of the presentation or meeting). *(Attach additional sheets as necessary)*

EDUCATION/CERTIFICATION:

2. Select the educational degree(s) you were awarded from an accredited* college or university in any field of study:

Associate YES NO

Bachelor or higher YES NO

- a. If yes, please **attach a legible copy** of your official diploma, official transcripts, official letter from the accredited institution which shows the area of specialization or official certificates.

3. Have you successfully completed ISD's Supervision Academy? YES NO

- a. If yes, please **attach a legible copy** of your ISD Supervision Academy transcripts, certificate of completion, or plaque.

If you do not have a copy of your transcripts, certificate, or plaque, you may retrieve proof of completion by contacting the Training and Development Unit at (562) 940-2800. **NOTE:** All requests for proof of completion must be provided to the Training and Development Unit within fifteen (15) business days of submitting your online application.