

15CI8181
PUBLIC SAFETY COMMUNICATIONS OPERATOR
SUPPLEMENTAL QUESTIONNAIRE

This Supplemental Questionnaire will be used, along with the City/County Application and any other attachments, to determine if you meet the minimum qualifications. If more than five (5) qualified applications are received, the Questionnaire will be scored, and the score will be used to rank the qualified applicants on the eligible register and tied scores will not be broken. If there are five or less qualified applicants, they will be considered equally qualified and placed on the register in alphabetical order. **While you must list your entire work history on the application form, you must restate the requested information in the format requested in the Supplemental Questionnaire to receive proper credit. Also, any employer/organization (paid or volunteer) listed on the Supplemental Questionnaire must be listed on the application form.** You may attach one (1) additional sheet as needed to respond in detail to each question. Please provide the school/employer and dates of attendance/employment for each question. The Supplemental Questionnaire must be completed and returned with your City/County Application to the Montgomery City-County Personnel Department **no later than 5 PM, April 7, 2015.**

NAME: (Print) _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE NUMBERS: _____ **HOME:** _____ **CELL:** _____

Your Agreement: (Read)

By submission of this supplemental questionnaire to the application form, I hereby certify that all information on this supplemental questionnaire and any attached sheets are accurate and complete to the best of my knowledge and belief.

1) Do you have a high school diploma or GED?

Yes

No

2) Have you completed a data entry operations course at a technical institute or 6 months of experience as a data entry operator, telephone operator, or a receptionist type position receiving and/or transmitting telephone, radio or alarm system calls?

Note: If yes, please provide the name of employer and dates that you received this experience.

Yes

No

Name of Employer:

From (Month/Year) To (Month/Year)

3) Do you have experience working with a computerized dispatch system?

Note: If yes, please provide the name of employer and dates that you received this experience.

Yes

No

Name of Employer:

From (Month/Year) To (Month/Year)