

**CITY OF NORMAN
SUPPLEMENTAL QUESTIONNAIRE
UTILITY DISTRIBUTION WORKER I
(Utilities/Water Line Maintenance Division)**

Name: _____ Date: _____
Phone Number: _____

This questionnaire is a supplement to your application and will be used for further evaluation of your education, training, and experience as it relates to the Utility Distribution Worker I position for which you applied. FILL OUT THE QUESTIONNAIRE COMPLETELY EVEN IF THIS INFORMATION IS ON YOUR APPLICATION/RESUME!

1. Do you have a valid Oklahoma Driver's License and a good driving record? _____ Yes
_____ No Do you have a valid Oklahoma Commercial Driver's License Class A? _____ Yes
_____ No
2. Do you have a Class D Water Operator certification from the State of Oklahoma Department of Environmental Quality? _____ Yes _____ No
3. One of the minimum qualifications for this position is a phone number/message number where applicant may be reached. Do you meet this qualification? _____ Yes _____ No If no, please explain.

4. Please list what kind of hand and/or power tools you have operated.

_____	_____
_____	_____
_____	_____
_____	_____

5. What experience, training, certifications, and/or special skills do you have that would relate to this position? (Please refer to the employment announcement which is inside the application.)

6. List any other information, including personal strengths, that you feel will aid us in determining your qualifications for this position.

EQUAL OPPORTUNITY EMPLOYER