

**CITY OF NORMAN
SUPPLEMENTAL QUESTIONNAIRE
TEMPORARY LABORER
(Water Treatment Division)**

Name: _____ Date: _____

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 Temporary Laborer position for which you applied. **FILL OUT THE QUESTIONNAIRE COMPLETELY EVEN IF THIS INFORMATION IS ON YOUR APPLICATION/RESUME!**

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

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. If you are selected for a temporary position, when could you start?

What days and hours could you work?

How long could you work? (approximate date)

3. What additional experience, training, certification, or special skills do you have that would relate to this position?

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

EQUAL OPPORTUNITY EMPLOYER