

**CITY OF NORMAN
SUPPLEMENTAL QUESTIONNAIRE
MECHANIC APPRENTICE
(Fleet Management)**

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 Mechanic Apprentice 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? ___ Yes ___ No

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

3. Do you have at least a tenth grade education? ___ Yes ___ No

4. Please circle the equipment you have operated.

Tractor Dump Truck Riding Mowers Chain Saw Weed Eater Hand Tools
Other _____

5. What kind of mechanical/automotive skills do you possess?

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

EQUAL OPPORTUNITY EMPLOYER