

**15CI7608**  
**VETERINARIAN TECHNICIAN**  
**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 **until needs are met.**

**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 at least three years paid experience performing routine animal related medical tasks?**

Yes

No

**If no, how many years experience do you have?**

**2) The animal care experience referenced in question one was obtained in which of the following settings?**

Animal shelter

Private practice veterinary clinic

Zoo veterinary clinic or zoo setting

Other animal care facility

**If you selected "other animal care facility" please explain.**

**Title of position:**

**Name of Employer:**

**Phone Number:**

**Dates of Employment (From: To: )**

**3) Are you a licensed or registered veterinary technician?**

Yes

No

**State of issuance:**

**License or registration number:**