

15CI0899

**3-1-1 CUSTOMER SERVICE SUPERVISOR
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 qualified applications are received, the supplemental questionnaire will be used along with a written exam to rank applicants on the register. Qualified applicants will receive a schedule notice approximately two weeks prior to the written multiple choice exam. 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, May 1, 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. Describe your experience in supervising employees. Include in your response:

- your specific supervisory responsibilities (e.g., hire, fire, disciplinary, counseling)**
- the types of employees you supervised**
- the number of employees you supervised**
- the function(s) the employees you supervised performed**

Name of Employer:

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

2. Describe your experience in providing customer service to the public citizens, city officials, or other department or agency employees. Include in your response:

- the types of information you provided as customer service**
- if you supervised other customer service employees**
- how you provided customer service (e.g., phone or in person)**
- the types of reference sources you utilized in assisting others**

Name of Employer:

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