



Tahoe City Public Utility District
P. O. Box 5249
Tahoe City, California 96145
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SUPPLEMENTAL QUESTIONNAIRE FOR OPERATIONS APPLICANTS

INSTRUCTIONS

- Please print or type and sign this Questionnaire.
- As this Questionnaire will be evaluated and used as a selection tool, please provide complete information. You will not receive credit for incomplete information. If you are selected to be interviewed, the interviewer will have both your Application for Employment and this Supplemental Questionnaire as resource material.

The following are examples of working conditions for an Operations Technician/Specialist. Place a check in the appropriate box(es). It may be appropriate to check more than one column. For example, if you have worked under a similar condition such as standing for long periods of time and would be willing to do it again, you would place a check in the first and second columns.

Applicant Name _____
First Name, Middle Name, Last Name

WORKING CONDITION	HAVE DONE	WOULD DO	CAN'T or WON'T DO
Working non-regular hours (Other than 8 am to 4:30 pm, Mon-Fri)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remaining on-call during non-working hours for a week at a time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having different (rotating) days off each week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working a modified work schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working in confined spaces (areas of restricted access) with appropriate safety equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing for long periods of time, pushing, lifting or carrying heavy objects (up to 50 lbs.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working around foul smelling odors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working outdoors in all weather conditions with appropriate clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working in an area which has high noise and vibration levels (Safety equipment is provided where required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reporting to work on time every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calling ahead of time every day when not reporting to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performing very routine tasks on a daily basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wearing and maintaining a uniform provided by the District	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HAVE YOU OPERATED THE FOLLOWING EQUIPMENT?	YES	NO	REMARKS
Backhoe	<input type="checkbox"/>	<input type="checkbox"/>	
Loader	<input type="checkbox"/>	<input type="checkbox"/>	
4WD Pickup	<input type="checkbox"/>	<input type="checkbox"/>	
Snow blower	<input type="checkbox"/>	<input type="checkbox"/>	
Snowmobile	<input type="checkbox"/>	<input type="checkbox"/>	
Welder – Gas	<input type="checkbox"/>	<input type="checkbox"/>	
Welder – Arc	<input type="checkbox"/>	<input type="checkbox"/>	
Dump truck	<input type="checkbox"/>	<input type="checkbox"/>	
Forklift	<input type="checkbox"/>	<input type="checkbox"/>	
Jackhammer	<input type="checkbox"/>	<input type="checkbox"/>	
Power hand tools	<input type="checkbox"/>	<input type="checkbox"/>	
Chainsaw	<input type="checkbox"/>	<input type="checkbox"/>	
Sewer TV camera	<input type="checkbox"/>	<input type="checkbox"/>	
Power lawn mower	<input type="checkbox"/>	<input type="checkbox"/>	
Vactor jet	<input type="checkbox"/>	<input type="checkbox"/>	
Power rodder	<input type="checkbox"/>	<input type="checkbox"/>	
Snowplow equipped 4WD pickup truck	<input type="checkbox"/>	<input type="checkbox"/>	
Pipe locator	<input type="checkbox"/>	<input type="checkbox"/>	
Soil compactor	<input type="checkbox"/>	<input type="checkbox"/>	

List any certificates you hold in the water and wastewater field

Certificate Subject _____ Grade _____ Date _____

Certificate Subject _____ Grade _____ Date _____

Certificate Subject _____ Grade _____ Date _____

Certificate Subject _____ Grade _____ Date _____

Certificate Subject _____ Grade _____ Date _____

Certificate Subject _____ Grade _____ Date _____

Can you read maps and blueprints? Yes No

Describe any carpentry, electrical, or plumbing experience

Have you attended any workshops, conferences, specific courses or seminars that were directly related to water or wastewater systems? Yes No

If yes, describe below

Workshop/Course Title	Sponsor	Subject	Date(s)	Location
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief. I hereby authorize the Tahoe City Public Utility District to investigate any information I have given herein, with the understanding that omission or misrepresentation of facts may be grounds for rejection of the application or dismissal from employment.

Signature of Applicant _____ Date _____
Application is not valid unless signed