



Tahoe City Public Utility District
P. O. Box 5249
Tahoe City, California 96145
Phone (530) 583-3796
Fax (614) 385-7675

SUPPLEMENTAL QUESTIONNAIRE FOR SUMMER RECREATION LEADER APPLICANTS

INSTRUCTIONS

- Please print or type and sign this Questionnaire. Questionnaire is not valid without signature.
- Please provide complete information. If you are selected to be interviewed, the interviewer will have both your Application for Employment and this Supplemental Questionnaire as resource material.

Applicant Name _____
First Name, Middle Name, Last Name

Will you be able to commit to working all nine weeks of summer camp (June 17th – August 16th)?

Yes No

Will you be able to attend Staff Training Week June 10th through June 14th?

Yes No

Please describe your leadership experience

Please describe your experience in youth programming

Please describe a time when you had to deal with conflict

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