



**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**

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### **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 15<sup>th</sup> – August 14<sup>th</sup>)?

Yes       No

Will you be able to attend Staff Training June 10<sup>th</sup> through June 14<sup>th</sup>?

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*