

**15CI0503**  
**ADMINISTRATIVE OFFICER**  
**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 **no later than 5 PM, April 22, 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.

**BUDGET EXPERIENCE**

Describe your experience preparing and administering a budget for an employer, including information about the size of the budget. An example of governmental budgeting or fund accounting experience is preferred.

Name of Employer:

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

**PURCHASING EXPERIENCE**

Describe your experience managing the purchase of equipment and supplies and the procurement of services for an employer, including information about the types of purchases made and their estimated value. An example of governmental purchasing is preferred.

Name of Employer:

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

**PERSONNEL EXPERIENCE**

Describe your personnel experience. Provide information about your involvement in the following personnel areas: hiring, workers' compensation, FMLA, termination, merit system.

**Name of Employer:**

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

**PAYROLL EXPERIENCE**

**Describe your payroll experience. Include the following information in your response:**

**the types of employees that you prepared payroll for, i.e., temporary, permanent, part-time, full-time, etc.; the type of payroll you prepared, i.e., weekly, bi-weekly, semi-monthly; the type of leave balances that you maintained for employees; the type of deductions that you processed for employees, and overtime processing.**

**Name of Employer:**

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

**SUPERVISION**

**Describe your supervisory experience to include the types of supervisory tasks performed and the number and title of employees supervised.**

**Name of Employer:**

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