

City of Lodi
Human Resources Department

Supplemental Questionnaire

The purpose of this questionnaire is to obtain enough job-related information to select the best qualified applicants for the available positions. A resume may not be substituted for this form.

Please answer the following questions:

Name: _____

1) **Computer Skills:**

Microsoft Word: Yes No Years of Exp. _____

Excel: Yes No Years of Exp. _____

Access: Yes No Years of Exp. _____

Other: _____

2) **Part-time and Full-time Availability:**

Part-time work: Yes No

(4 hour shift)

If Yes, what shift: Mornings

Afternoons

Or Either

OR

Full-time work: Yes No

OR

I have no preference:

3) **Weekends and Evenings Availability**

Weekend Work:

Yes, I can work Saturday & Sunday

No, I cannot work Weekends

Evening Work:

Yes, I can work evenings

No, I cannot work evenings

Are you available immediately: Yes No

If no, when: _____

_____ **I am interested in working on a short term basis (less than 6 months).**

_____ **I am interested in working on a long term basis (greater than 6 months).**

_____ **I have no preference.**

*****You must return this completed supplemental with your application for it to be considered.**