CITY OF FULLERTON
ADMINISTRATIVE INTERN I/II – HUMAN RESOURCES
SUPPLEMENTAL QUESTIONNAIRE
JULY 2014

NAME (please print): _____

INSTRUCTIONS: **USING ADDITIONAL SHEETS,** please answer the following questions. This supplemental questionnaire will be used to assist in the screening of the applications. Only those candidates possessing the most suitable qualifications for this classification will be invited to participate in the selection process. Therefore, it is to your advantage to provide as much relevant information as possible. Resumes will not be accepted in lieu of a response to these questions. This questionnaire and your responses must be attached to the City application.

1. Are you related to any current City of Fullerton employee by blood, marriage or legal guardianship?

   No ☐ Yes ☐ _____
   (Please list name/s, relationship/s and department/s)

   If yes, are you living under same household as any of the above?

   No ☐ Yes ☐ _____
   (List name(s))

2. Please rate your proficiency level with:

   Microsoft Word (or a similar word processing application)
   Advanced ☐ Intermediate ☐ Beginner ☐

   Microsoft Excel (or a similar spreadsheet application)
   Advanced ☐ Intermediate ☐ Beginner ☐

   Microsoft Access (or a similar database application)
   Advanced ☐ Intermediate ☐ Beginner ☐

3. Please list the classes that you have completed that you feel have best prepared you to work for the Human Resources Department and why.

4. Please describe your experience conducting research and analysis. Include the resources used to conduct your research.

5. Please describe any additional knowledge, skills and/or abilities which you think qualify you for the position of Administrative Intern – Human Resources.

I certify that all statements of fact made in reference to these questions are true and complete; that there are no misrepresentations of material fact; and I am aware that any misstatements or omissions of material fact may cause rejection of my application, disqualification from competing for, or discharge from any employment in this jurisdiction.

Signature: _____ **Date:** _____