

WASTEWATER TREATMENT OPERATOR (OIT - Grade Level V)/ SENIOR WASTEWATER TREATMENT OPERATOR (Grade Level III-V) Supplemental Questionnaire

Applicant Name: _____ Date: _____

*The purpose of this supplemental questionnaire is to assess your qualifications, training and experience in specific job related areas. The information you provide will be assessed and used to determine your eligibility to participate in the next phase of the selection process. **Submit your responses with a completed Agency application form. Failure to submit this application supplement will result in a disqualification from the recruitment process.***

1. Are you willing to work evenings, weekends, holidays, shift work, and overtime?
 Yes No

If needed, please use the space below to elaborate on any responses:

2. Please indicate your current **Wastewater Certification (OIT – Senior Operator Grade V, Required)** and/or **Water Certification (Desirable)**:

Competencies

The following competencies are relevant to the job you are applying for. Please use the information below to describe your level of proficiency.

- 1- **None.** You have no training or experience
- 2- **Little.** Basic training has been received. Experience gained has been in a classroom and/or experimental scenarios, or as a trainee on the job. You would be expected to need some help when performing the skill.
- 3- **Good.** Repeated successful experiences have been completed. Help may be required from time to time, but you can usually perform the skill independently.
- 4- **Very Good.** You can perform the actions associated with this skill without assistance. You are certainly recognized within your immediate organization as “the person to ask” when difficult questions arise regarding this skill.
- 5- **Expert.** You can answer any question about the skill and most any question related to the field where the skill is used.

3. Please rate your applicable experience or knowledge of Collection System and Sewage Lift Station Operation.
 None Little Good Very Good Expert

Explain:

4. Please rate your applicable experience with Activated Sludge Systems.
 None Little Good Very Good Expert

Explain:

5. Please rate your applicable experience or knowledge of Anaerobic Digestion and Solids Handling Systems.
 None Little Good Very Good Expert

Explain:

6. Please rate your applicable experience or knowledge of Tertiary Treatment processes.
 None Little Good Very Good Expert

Explain:

7. Please rate your applicable experience or knowledge of Recycled Water Pumping and Distribution System Operation.
 None Little Good Very Good Expert

Explain:

8. Please rate your applicable experience working independently with limited supervision.
 None Little Good Very Good Expert

Explain:

9. Please rate your applicable experience making independent process changes and decisions.
 None Little Good Very Good Expert

Explain:

10. Please rate your applicable experience or knowledge of the operation of SCADA/DCS.
 None Little Good Very Good Expert

Explain:

11. Please rate your applicable experience with wastewater treatment facility regulatory permitting and reporting.
 None Little Good Very Good Expert

Explain:

12. Describe your skills in word processing, data entry, spreadsheets, presentations, formatting of documents, and email. Include software you have used and briefly give an example of projects and ongoing responsibilities using these applications.

Word:

- No Experience
- Some Experience
- Independently Use This Program
- Technical Expert

List years and details of experience: _____

Excel:

- No Experience
- Some Experience
- Independently Use This Program
- Technical Expert

List years and details of experience: _____

Outlook:

- No Experience
- Some Experience
- Independently Use This Program
- Technical Expert

List years and details of experience: _____

PowerPoint:

- No Experience
- Some Experience
- Independently Use This Program
- Technical Expert

List years and details of experience: _____

13. Describe any other experiences that you think might be valuable to this position.

CERTIFICATION OF APPLICATION

I hereby declare that the statements on this supplemental questionnaire are true and complete to the best of my knowledge. As applicable, I hereby authorize the Agency to contact the references listed to verify the information I have supplied. I hereby release from liability all persons and organizations furnishing such information. I understand that the Agency reserves the right to validate information received on the supplemental questionnaire and that I will be subject to disqualification and/or termination if any statement in this supplemental questionnaire is found to be untrue or determined to be misleading.

Signature: _____ **Date:** _____

Must be returned to the Human Resources Department with the Agency application.