



SUPPLEMENTAL QUESTIONNAIRE

IT Communication Specialist I/II

Please respond to the following questions as they relate to your own experience and training. Total responses must be submitted on **not** more than **four, single-sided, single-spaced, typed pages**. Any additional pages, above the four permitted will **not** be reviewed.

The information provided on both the County Job Application and the Supplemental Questionnaire will be used to identify those candidates best meeting the County's needs. To be considered for the position, applicants must complete an official County Job Application, signed Supplemental Questionnaire, and questionnaire responses. Failure to do so may be cause for disqualification from the selection process. Resumes are not accepted in lieu of fully completing and submitting the County job application and responses to the supplemental questionnaire.

1. Please list related degrees, training, and certifications you have obtained in this field
(attach copies of any certifications at end of responses).
2. Relate your familiarity and experience installing and supporting mobile radio units/emergency vehicle systems. Include employer, dates, description of project(s), and your role.
3. Relate your familiarity and experience installing and supporting mountain top communications systems including repeaters, duplexers, antennas and solar power. Include employer, dates, description of project(s), and your role.
4. Relate your familiarity and experience supporting a 911 communication dispatch center including interconnected communication equipment. Include employer, dates, description of project(s), and your role.
5. Relate your familiarity and experience installing and supporting structured network cabling and TCP/IP networks. Include employer, dates, description of project(s), and your role.
6. What attracts you the most about Mono County? Why do you want to live and work here?

NAME (Print): _____

I affirm with my signature below that my responses to the above questions on the attached pages are true and correct to the best of my knowledge. I understand that falsified information, or failure to attach this Supplemental Questionnaire and responses with my completed County Job Application, will be cause for disqualification from the recruitment process.

SIGNED: _____

DATE: _____