



## Required Supplemental Application Form

Applicant Name: \_\_\_\_\_

### **UTILITY CLERK**

**YOU MUST COMPLETE AND RETURN THIS FORM TO BE CONSIDERED AS AN APPLICANT.**

**Please note:** This supplemental form will be used to rank applicants, so please be complete and accurate in your responses. Do not respond by “see resume”.

1. **Do you possess a high school diploma or equivalent?** *(choose one)* YES NO

2. **Do you possess a Minnesota Driver’s License?** *(choose one)* YES NO

3. **Do you have at least one year of general office work experience?**

*(choose one)* YES NO

If yes, please explain your experience:

Organization Describe Office Support Duties Performed Duration

4. **Do you possess post high school education in Accounting or a closely related field?**

*(choose one)* YES NO

If Yes, please answer the following by checking and completing the required information:

☐ **I do not possess a degree but have taken the following post high school classes related to Accounting:**  
List post high school classes related to Accounting, or a closely related field:

☐ **I have completed a two-year technical program in:** \_\_\_\_\_  
*(List program completed/certificate received)*

☐ **I have completed a two-year Associate’s Degree in:** \_\_\_\_\_  
*(List area of focus for your degree)*



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☐ I have completed a Bachelor's Degree in: \_\_\_\_\_  
(List area of focus for your degree)

5. Do you have any paid bookkeeping/accounting work experience?  
(choose one)                      **YES**                      **NO**

Please summarize your bookkeeping/accounting work experience below.

Accounting Experience                      Company Name                      Duration (Years, Months)

6. Do you have any previous experience working with Computerized Billing?  
(choose one)                      **YES**                      **NO**

Please describe your experience, listing the duration of your experience and number of and type of accounts you served.

Computerized Billing Experience                      #/Type of Accounts

7. Do you have any Utility billing experience?  
(choose one)                      **YES**                      **NO**

Please summarize your bookkeeping/accounting work experience below.

Utility Billing Experience                      Company Name                      Duration (Years, Months)

8. Do you have Credit Card POS experience? (choose one)                      **YES**                      **NO**

Please summarize your bookkeeping/accounting work experience below.

Credit Card POS Experience                      Company Name                      Duration (Years, Months)



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9. Please list your experience with the following computer software programs and your proficiency with each program. Please list and rank any additional program experience. Please rank all programs 1 to 5, with 1 being lowest proficiency to 5 being highest proficiency.

- |   |                   |
|---|-------------------|
| a. Word   | Proficiency _____ |
| b. Excel  | Proficiency _____ |
| c. Access   | Proficiency _____ |
| d. List other software in which you are proficient: | Proficiency _____ |

10. (a) What do you think is the key to providing quality customer service?

- (b) Describe how you have demonstrated this in your past work history.

<u>Organization</u>	<u>Describe customer service duties</u>	<u>Duration</u>
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9. *Other qualifications:*  
Summarize special job-related skills and qualifications acquired from employment, education or other experience that will benefit you in this position.

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I hereby certify that all answers contained in this application are true and I agree and understand that any misrepresentation or omission of facts contained in my application for employment or this addendum will be grounds for disqualification for employment, or in the event of employment, immediate dismissal from employment upon later discovery of any omission of facts or misrepresentations.

I further understand that if offered a position, I must submit to and pass a controlled substance screen and will be required to submit to and pass a criminal background check, and employment reference checks.

By my signature on this form, I hereby acknowledge that I have read and understood the above statements. **Failure to sign application forms may result in rejection of your application.**

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_