



Tahoe City Public Utility District
P. O. Box 5249
Tahoe City, California 96145
Phone (530) 583-3796
Fax (614) 385-7675

SUPPLEMENTAL QUESTIONNAIRE FOR SUMMER RECREATION LEADER APPLICANTS

INSTRUCTIONS

- Please print or type and sign this Questionnaire. Questionnaire is not valid without signature.
- Please provide complete information. If you are selected to be interviewed, the interviewer will have both your Application for Employment and this Supplemental Questionnaire as resource material.

Applicant Name _____
First Name, Middle Name, Last Name

Will you be able to commit to working all eight weeks of summer camp (June 18th – August 10th)?

Yes No

Will you be able to attend staff training week June 11th through June 15th (9 am – 5 pm daily)?

Yes No

Please describe your leadership experience

Please describe your experience in youth programming

Please describe a time when you had to deal with conflict

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief. I hereby authorize the Tahoe City Public Utility District to investigate any information I have given herein, with the understanding that omission or misrepresentation of facts may be grounds for rejection of the application or dismissal from employment.

Signature of Applicant _____ Date _____
Application is not valid unless signed