

Supplemental Questionnaire  
for  
**Facilities Maintenance Specialist**  
Job Code #7002

Please read through the instructions and the questionnaire carefully before you fill it out. It is very important that you answer the questions as completely and accurately as possible.

**INSTRUCTIONS**

The Utah County Personnel Office appreciates your interest in this position. Since this questionnaire is an important part of the selection process for this position, **it must be fully completed.** It has been prepared to give applicants the same opportunity to fully explain their background as it relates to this position.

We are interested in your experience, not in titles of positions you have held, or in your belief that you could do the job if given the chance. Please follow the instructions carefully for each question. Please write clearly.

**The information you provide will be evaluated to determine your eligibility for further consideration.**

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

Social Security # \_\_\_\_\_

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*Please answer the questions as completely as you can. Remember, we are interested in a description of your past experience and not in the titles of positions you have held. Identify your employer(s) for all the experience you describe.*

1. Describe your experience with installation and maintenance of plumbing systems.  
**Number of months in this function \_\_\_\_\_**  
**(Circle one: full-time or part-time)**

2. Describe your experience with the operation, testing, and maintenance of small water distribution systems.  
**Number of months in this function \_\_\_\_\_**  
**(Circle one: full-time or part-time)**

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3. Describe your experience with maintenance and repair of other physical facility systems.  
**Number of months in this function \_\_\_\_\_**  
**(Circle one: full-time or part-time)**

4. Describe your experience with reading and interpreting facility construction plans.  
**Number of months in this function \_\_\_\_\_**  
**(Circle one: full-time or part-time)**

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5. Describe the procedure you would follow in responding to a major utility failure in a building.  
**Number of months in this function \_\_\_\_\_**  
**(Circle one: full-time or part-time)**

**PLEASE READ CAREFULLY BEFORE SIGNING:** The answers to the preceding questions are true and complete to the best of my knowledge. I understand that falsification of information may result in my disqualification or removal from a County position.

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