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**SUPPLEMENTAL QUESTIONS FOR COMMUNITY HEALTH SUPERVISOR**

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please answer briefly the following questions.** This questionnaire must be completed and turned in with the application for employment.

1. Describe any experience working with grants and/or projects?
2. How do you go about organizing your work day?
3. What do you enjoy most and what is your least favorite aspect of work?
4. Describe any experience in working with a community group to complete a project or task.
5. What does the term “leadership” mean to you?
6. Describe your management experience.