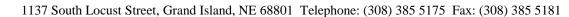


Supplemental Application Questionnaire

Position: Health Clerk
Applicants Name:
Applicants Email Address:
Applicants Phone Number:
Questions 1-5 of this questionnaire <u>must</u> be completed and turned in with the application for employment. Please be complete but concise. Resumes are strongly encouraged.
1. Please describe your experience and qualifications that would make you a good choice for this position.
2. Describe how you would maintain a high level of customer service in person and on the telephone while needing to multi-task at times.
Applicants Name:
3. What motivates you to do a great job at work? Describe your perfect supervisor.





4.	What makes	you stand	out as a top	candidate f	or this	position?
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5. Describe what excellent customer service is.
