



City of Castle Rock

141 A Street SW / PO Box 370
 Castle Rock, WA 98611
 (360) 274-8181

Application for Employment – Supplemental Questionnaire

This document must be completed and submitted with your application for you to be considered for this position. Please attach a separate sheet if additional space is needed for your response.

Specifically list the years and/or months experience in the following:
 (All responses must relate to the information on your resume and application.)

Clerical Experience	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Years	_____	Months	_____
Customer Service Experience	<input type="checkbox"/>		<input type="checkbox"/>			_____		_____
Cash Handling Experience	<input type="checkbox"/>		<input type="checkbox"/>			_____		_____
Accounting Experience	<input type="checkbox"/>		<input type="checkbox"/>			_____		_____

Explain your experience in cash handling and accounting and the level of responsibility.

Experience in A/R and A/P processing	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Years	_____	Months	_____
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Explain your experience, duties and specific level of responsibility.

Experience in assisting difficult customers	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Years	_____	Months	_____
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Explain.

Experience in filing and records management	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Years	_____	Months	_____
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Explain.

Experience in grant/loan or project management	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Years	_____	Months	_____
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Explain.

Ability to multi-task several projects/tasks	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Years	_____	Months	_____
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Explain.

10-Key by Touch Experience

Yes

No

Years

Months

Microsoft

Word

Excel

Access

PowerPoint

Explain your specific ability for each.

Financial accounting software

Yes

No

Years

Months

Name of software:

Payroll accounting software

Yes

No

Years

Months

Name of software:

Utility accounting software

Yes

No

Years

Months

Name of software:

Other software program proficiency

Yes

No

Years

Months

Name of software:

Application/Use:

Development of PowerPoint presentations

Yes

No

Years

Months

Explain.

List other media expertise you have that relates to this position (such as website development, digital file management, etc.):