

SANTA BARBARA COUNTY AIR POLLUTION CONTROL DISTRICT

SUPPLEMENTAL APPLICATION FORM

Community Programs Supervisor

In order to be considered for the position, you must complete and return this supplemental application form with the official **SBCAPCD** application. Your responses to the questions contained in this supplemental application form will be used in part to determine those applicants who **best** meet the necessary employment standards for the position. In addition, your responses may also be reviewed by the appointing authority and used to assist in the final hiring process. Please limit your response to one 8 1/2" x 11" page per question. Responses must be legibly handwritten or typed.

THE FOLLOWING QUESTIONS MEASURE NECESSARY EMPLOYMENT STANDARDS FOR THIS CLASSIFICATION. YOU MUST RESPOND TO ALL OF THESE QUESTIONS TO BE CONSIDERED FOR THIS POSITION.

1. Describe your education and experience that qualifies you for the position of Community Programs Supervisor.
2. Please describe your supervisory experience including goal setting, budget development and tracking, and employee performance management.

I certify the information provided is accurate and complete to the best of my knowledge. I understand any falsification of information may cancel any terms, conditions or privileges of employment.

SIGNATURE: _____ **DATE:** _____

(It is required that you return this signed form with your responses to the questions.)