Public Health Laboratory Technician – Experienced Level
Supplemental Questionnaire (VMVC-2013)

NAME: _____
SSN:_____
(LAST 4 DIGITS)

A completed supplemental questionnaire is required for this recruitment. An application submitted without the supplemental questionnaire will be considered incomplete and will therefore be disqualified.

The purpose of this supplemental questionnaire is to provide applicants the opportunity to elaborate on their qualifications and to assist the Applications Screening and Evaluation Committee in assessing each applicant's relevant experience and training. Your supplemental questionnaire responses will be evaluated to determine your score and rank on the employment list. Please include all relevant information in response to the questions.

NOTE: All applicants must submit a completed supplemental questionnaire at the time of application. All documents can either be faxed to (925) 957-5260, scanned and attached to your application on line, or sent to Health Services Personnel Department, 1320 Arnold Drive, Suite 261, Martinez, CA 94553.

1. **Please describe your experience working in a public health clinical laboratory.** Include employer's name, your role and responsibilities, employment dates, contact information, and number of hours worked per week.

Facility Name and contact: _____

Role/Responsibilities: _____

Dates of service: _____ Hours per Week: _____

2. **Please describe your experience working in an environmental laboratory.** Include employer's name, your role and responsibilities, employment dates, contact information, and number of hours worked per week.

Facility Name and contact: _____

Role/Responsibilities: _____

Dates of service: _____ Hours per Week: _____

3. **Indicate your experience and the number of months worked as a PH Laboratory Technician in the following areas:**

a. _____ (months) Performing animal necropsy.

b. _____ (months) Making media and reagents for bacterial growth.

c. _____ (months) Processing samples for molecular testing (i.e. DNA & RNA extractions)

d. _____ (months) Preparing for operation and operating large instruments e.g. autoclave.

e. _____ (months) Processing stool samples for microbiological testing.

f. _____ (months) Making gram stains and streaking culture plates.

I certify that the above information is true, complete, and correct to the best of my knowledge.

_____ _____

Applicant Signature **Date**