

SHERIFF'S DIRECTOR OF SUPPORT SERVICES
6AFE -2014A
Supplemental Questionnaire

NAME: _____

Last 4 digits of SSN: _____

The purpose of this questionnaire is to provide applicants the opportunity to elaborate on their qualifications for the **SHERIFF'S DIRECTOR OF SUPPORT SERVICES** and to assist in assessing each applicant's individual qualifications. Your responses to the questionnaire will be used to evaluate your relevant experience and training to determine which applicants will be invited to participate in the next step of the selection process.

Please answer the questions below and submit your responses with your application. Your responses should be typed or neatly printed. Although you may submit your resume or other additional information, such items may not be submitted in lieu of a completed application and questionnaire. Indicate the question number for each of your responses, and **DO NOT** answer any of the questions by indicating "see attached resume." Be brief and concise; limit your responses to the information that is relevant to each question.

Please scan and attach completed supplemental questionnaire and college transcripts to your electronic "online" application. All documents must be received by the final filing date of **April 18, 2014**. Supplemental questionnaire and college transcripts can also be submitted by fax to **(925) 335-1797**. **DO NOT INCLUDE A FAX COVER PAGE**. Please reference **SHERIFF'S DIRECTOR OF SUPPORT SERVICES-6AFE-2014A** and your name on all of the submitted documents.

Applications without completed supplemental questionnaire and college transcripts will be not be accepted. All documents must be received or postmarked by the final filing date.

1. Please describe in detail your experience in managing support services for a large department, institution or public agency, include size of organization, number of employees, and the type of support services provided. Please include employer's name, employment dates and your job title.
2. Please give a detailed description of a work plan you developed and implemented to manage operational staffing needs, include the operational function and structure of the organization, and factors you took into account to prepare a staff analysis. Please include your employer's name, employment dates and your job title.
3. Please describe in detail your experience preparing and processing grant applications, state and federal contracts, and purchase of service contracts for a large department, institution or public agency. Please include your employer's name, employment dates and your job title.

I understand that **Sheriff's Director of Support Services** positions assigned to the Office of the Sheriff will require working with law enforcement personnel in (3) Detention Centers and the County Coroner's Office.

As a condition of employment, applicants must pass a **thorough** Office of the Sheriff's background investigation.

I am interested in working in the environment described above.

- Yes
 No

Candidate's Signature: _____ **Date:** _____